DOCUMENT RESUME

ED 205 880 CG 015 372

TITLE	Families: Aging and Changing. Hearing Before the Select Committee on Aging. House of Representatives, Ninety-Sixth Congress, Second Session.
INSTITUTION	Congress of the U.S., Washington, D.C. House Select Committee on Aging.
REPORT NO	House-96-242
PUB DATE	4 Jun 80
NOTE	122p.
AVAILABLE FROM	Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.
EDRS PRICE	MF01/PC05 Plus Postage.
DESCRIPTORS	*Aging (Individuals); Extended Family; *Family (Sociological Unit); Family Life; *Family Relationship; *Federal Programs; *Grandparents; Hearings; Housing; Individual Needs; *Older Adults; Problem Solving

ABSTRACT

This Congressional committee hearing focuses on issues related to the elderly and the family. Testimony by the founder of the Gray Panthers discusses the problem of providing care for ill and frail family members and emphasizes the need for federal programs to assist older Americans living in either traditional or nontraditional settings. Statements by multigenerational family members highlight the positive aspects of living together and apart and emphasize ways in which older family members can help strengthen family bonds, establish pride in heritage, care for younger members, and contribute to the productive force of the family unit. Professionals in the field of aging, along with the children of frail and disabled parents, describe services which could assist the caretaking roles. Following committee members' statements, several witnesses consider innovative approaches designed to strengthen the extended family or to support alternative solutions. Additionally, a social work professor testifies with his family: his fifth-grade daughter presents findings from her interveiws with children whose grandparents live in their homes. The appendices contain supporting statements received for the hearing. (NRB)

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FAMILIES: AGING AND CHANGING

HEARING

BEFORE THE

SELECT COMMITTEE ON AGING
HOUSE OF REPRESENTATIVES

NINETY-SIXTH CONGRESS

SECOND SESSION

JUNE 4, 1980

Printed for the use of the Select Committee on Aging

Comm. Pub. No. 96-242

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NATIONAL INSTITUTE OF EDUCATION
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FAMILIES: AGING AND CHANGING

WEDNESDAY, JUNE 4, 1980

U.S. HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON AGING,
Washington, D.C.

The committee met, pursuant to notice, at 10 a.m., in room 2212, Rayburn House Office Building, Hon. Claude Pepper (chairman of the committee), presiding.

Members present: Representatives Pepper of Florida, Biaggi of New York, Oakar of Ohio, Lloyd of California, Gudger of North Carolina, Ferraro of New York, Ratchford of Connecticut, Hammerschmidt of Arkansas, Regula of Ohio, Whittaker of Kansas, Shumway of California, and Hopkins of Kentucky.

Staff present: Charles H. Edwards III, chief of staff, Kathleen T. Gardner, professional staff member, Marie Brown, executive secretary, and Robert E. Branand, minority general counsel, of the Select Committee on Aging. Patricia C. Lawrence, minority staff director of the Subcommittee on Housing and Consumer Interests.

OPENING STATEMENT OF CHAIRMAN CLAUDE PEPPER

The CHAIRMAN. The committee will come to order, please.

Ladies and gentlemen, members of the committee, as chairman of the House Select Committee on Aging it is a great pleasure for me today to welcome you to a hearing which will focus on appropriate roles for families and governments to play in provision of services for tomorrow's older citizens.

A report recently issued by the Subcommittee on Human Services, chaired by my distinguished colleague from New York, Mr. Mario Biaggi, observes that when Americans assess what is most important in their lives, family life is at the top of the list. The fact that our Nation's 56.7 million families continue to raise children and to serve as a major source of emotional and social support is compelling testimony to their observation. But the family is changing. Americans are living longer and healthier lives, facing incredible economic stresses and adapting to numerous cultural transformations. In fact, so rapid and so pervasive are these changes that President Carter called upon the Nation recently to convene the first White House Conference on Families which will begin tomorrow in Baltimore, Md.

For a variety of reasons, issues related to the elderly and the family have not received adequate attention in the local and State conferences that preceded the national conference. This hearing will serve to draw attention to older family members and to add substantive testimony and recommendations to the conference and also for congressional consideration.

Very shortly we will be hearing from a great American lady, a great lady of the world, Miss Maggie Kuhn, the national convenor and founder of a great organization, the Gray Panthers, an organization devoted to bridging the gap between the younger and the older Americans.

She will discuss from her own personal experience one of the most complex issues the aging family faces, providing care for a very ill and frail member of the family at home. Together with one of the nine unrelated members of the house she now lives in, she will point out the need for Federal programs to consider assisting older Americans living in nontraditional as well as traditional family settings.

As many of you know, the three generational family of recent memory is rapidly becoming the four or five generational family of tomorrow. For this reason, we will have a number of multigenerational families talk about the positive aspects of living together and apart. We will hear about how older family members can help strengthen family bonds, establish pride in heritage, care for younger family members, and contribute to the productive force of the family unit.

May I just interject, both of my grandfathers were Confederate soldiers. I was about 17 years old when my mother's father died and 26 years old when my father's father died. How now I wish I had known the questions to ask them about our family history, about their experiences in the war. I heard them talk about it, but didn't know enough to ask pertinent questions, which I now regret.

So any of you who have the privilege of living with grandparents or older members of the family, take advantage of that privilege to learn what you can about them, their earlier days, their youth, their own families, their experiences, and also you might ask for their recommendations about the present and the future. Generally you will find it tempered with rich experience and valuable to have.

On the other hand, family members also play the major role in caring for their older family members. Sometimes to accomplish this, a family must overcome enormous stresses and strains; even the most devoted child may find it difficult to take care of a mother or father without some kind of assistance, especially when the child is 75 and the parent is 95.

We will hear children of frail and disabled parents and others tell of services which could assist them in their caretaking role.

Lastly, because families themselves are so changed and are so varied, our solutions for assisting them will also have to be varied. Witnesses will challenge us to consider a variety of innovative approaches designed to strengthen the extended family where it is functioning effectively and to support alternatives where it is not.

I am hopeful that this hearing will serve to assist the White House Conference on Families and our legislative committees in their development of sound policy which is responsive to all generations.

We are pleased to have all of the witnesses who are here today and thank them very much for coming and offering us the testimony which they will shortly present.

Members of the committee and ladies and gentlemen, I have an emergency meeting of the Rules Committee to which I have to go, for at least a short time. I would ask my distinguished colleague and friend, Mr. Biaggi, if he would preside over the hearing in my absence.

Mr. BIAGGI. Mr. Hammerschmidt?

STATEMENT OF REPRESENTATIVE JOHN PAUL HAMMERSCHMIDT

Mr. HAMMERSCHMIDT. Thank you, Mr. Chairman.

I very much appreciated that fine opening statement of our chairman. I have a very short statement myself.

I am very pleased that our chairman decided to hold this hearing so that we can take time to examine the changing relationship of the elderly and the family.

Experts assure us that the family will continue to provide the first line social and emotional support to its elders. But these same experts are quick to add that the family itself is becoming overworked and exhausted as it attempts to solve problems never before encountered in our history. Probably the most critical issue is the increasing number of frail and chronically ill elders and declining number of younger family members available to provide the necessary primary care.

There are multiple demographic factors which have merged to create this situation. Increased life expectancy and longevity have caused the upsurge in the aging population. The decreasing birth rate during the depression, coupled with the normal death rate during the last 50 years have left 20 percent of today's elderly population with no living children.

Of those who have children, many of the children are themselves over 55 and approaching old age. Another factor, and one which I know Mrs. Brody will elaborate on in her testimony, is the return of middle aged women to the work force, further diminishing the available number of family members as primary care givers.

Heightening this problem are today's increasing economic pressures. Even the most devoted families do not possess the enormous resources necessary for attending to the complex health and social service needs of their aging relatives. In addition, prior hearings by this committee make it clear that the formal health care system by itself is unable to contend with the large and growing number of frail and chronically ill elderly people.

What we believe is possible, and what we hope to do this morning, is to begin to examine ways in which the formal health and social service system can coalesce with the informal networks to supplement the family when it needs assistance and to replace it only when there are no informal supports available.

We have many witnesses, including three multi-generational families who can provide us with strategies to strengthen the family's capacity to provide care. We are also fortunate to have witnesses who can provide us with innovative living approaches when there is an absence in the family network. So I welcome you all and look forward to hearing your testimony.

Mr. BIAGGI. Mr. Ratchford?

STATEMENT OF REPRESENTATIVE WILLIAM R. RATCHFORD

Mr. RATCHFORD. Thank you, Mr. Chairman. I do not have a formal opening statement.

During the period of time I was commissioner of aging in the State of Connecticut, I did substantial traveling around the State. On one occasion, speaking to a high school group in the town of Richfield, 90 students being present, I asked them how many of you have someone living at home who is over the age of 65. The response was one person, 1 out of 90.

I think in large measure that is typical of what occurs in America today. We have fragmented the family, separated the family, cast the family about in different corners of these United States.

I think the impact has been a negative one. Negative as far as a support system for the older American, negative as far as a learning factor for the younger American.

I would hope in the years ahead that we would see a rebuilding of the closeness that marked the American family in the earlier years of this country. I think it is important not only to the older American and the younger American, but more significantly, it is important to America.

I also would note on a personal side that if Maggie Kuhn is going to be our witness this morning, that she will be outstanding, she will be incisive, she also will be entertaining. I have had the opportunity to appear with her on several panels and we are the beneficiary, if, in fact, she is present this morning.

Thank you.

Mr. BIAGGI. Mr. Regula?

STATEMENT OF REPRESENTATIVE RALPH S. REGULA

Mr. REGULA. Thank you, Mr. Chairman.

In the interest of time, I would like unanimous consent to submit my statement for the record.

Mr. BIAGGI. Without objection.

[The prepared statement of Representative Ralph S. Regula follows:]

PREPARED STATEMENT OF REPRESENTATIVE RALPH S. REGULA

Mr. Chairman, I would like to commend you for conducting this hearing focusing on "Older Persons and the Family".

I have always advocated structuring Federal programs that would permit senior citizens to remain in the home environment as long as they possibly can. With this goal in mind, it is essential that we look first at the most important institution in our society—the family. Government programs are only able to supplement the vital support to older persons that is supplied by the family unit. Government programs simply cannot take the place of the physical and emotional balance that is supplied by the family.

Of course, the opposite is also true. Older family members make an important contribution to the stability and well-being of the whole family. I hope we will examine that aspect of family life in our hearing today.

Results of the recent Gallup survey indicate that while most Americans consider their family the most important part of their lives, the majority feel that U.S. family life is deteriorating. One of the "five main mandates" that Gallup identified in this survey was the need for health care for the old, including more home care so families can stay intact. This has been a particular concern of mine and I certainly appreciate the attention which the chairman has given to this matter both in this Subcommittee on Health and Long-Term Care and in this hearing today.

I especially want to thank the witnesses who have taken time to share their knowledge and experience with us today. I trust that the testimony and recommen-

dations that come out of this hearing will make a valuable contribution to the White House Conference on Families which convenes tomorrow.

Mr. REGULA. I hope that the witnesses will suggest ideas that we can use for proposed changes in the law that will allow the older Americans to stay longer both in the home and in the family environment. I think this is the key.

It seems that the law presently pushes in the direction away from family and home environment and I hope you will address the ways that we can change that.

Mr. BIAGGI. Mr. Whittaker?

Mr. WHITTAKER. I have no prepared comments. I am privileged to be a part of the committee hearings today. I look forward to the testimony.

STATEMENT OF REPRESENTATIVE NORMAN D. SHUMWAY

Mr. SHUMWAY. In the interest of time, I likewise ask unanimous consent to submit my statement for the record.

Mr. BIAGGI. Without objection.

[The prepared statement of Representative Norman D. Shumway follows:]

PREPARED STATEMENT OF REPRESENTATIVE NORMAN D. SHUMWAY

Mr. Chairman, thank you for providing us the opportunity to hear testimony today on the changing structure of the American family. I think that it is important for the Select Committee on Aging, as well as the entire Congress, to study the relationship between the elderly, the family, and responsive public policy. Hopefully, attention will be focused on this and other related issues when the First White House Conference on Families convenes tomorrow.

Certainly, the structure of the American family is changing due to contemporary economic, social, and demographic pressures. Because people are living longer, we are seeing the growth of four and five generation families. Increasing numbers of middle aged people now have the responsibility for their children and their parents. Regardless of ages, incomes or lifestyles, families are having to deal with the problems of housing, health and income on a daily basis. What we must keep in mind, however, is the overriding fact that despite these forces of change, the family continues to serve as the most fundamental institution in our society and a major source of emotional and social support.

In order to nourish and ensure the strength of the American family, we must first recognize and assess the output of recent change—the contributions that older family members make to the well-being of an entire family, the problems experienced by the emergence of multi-generational families—and then determine those public policies and innovative options that will be most responsive. Traditional concepts may be changing—in terms of family patterns, lifestyles, and needs—but the family is not obsolete. Accordingly, I feel it is the responsibility of the planner and policymaker to secure those changes in policy necessary to encourage and support American families as they continue to undergo many changes.

I look forward to hearing today's testimony and am sure that the recommendations presented will assist us in future legislative efforts.

STATEMENT OF REPRESENTATIVE MARIO BIAGGI

Mr. BIAGGI. I have a statement which I will try to abbreviate.

Today our topic is the family, the very fiber which has woven our past, present, and, no doubt, future. This hearing is being held on the eve of the formal convening of the formal White House Conference on the Family.

Two days ago, a major poll conducted by the Gallup organization was released which deals with family life in America. Some of its results were, in a word, upsetting. Most prominent among them was the finding that almost half of those Americans surveyed believe that family life has deteriorated during the past 15 years. It should be noted though, that a strong majority of those surveyed

indicated that family life was the most important part of their lives.

Our focus is on the changing role of the American family and its impact on the elderly. Let me briefly touch on two points of personal interest in this area.

On April 21 I chaired a hearing of this committee in New York, during which time we discussed perhaps the most tragic of all social problems affecting families, domestic violence. We learned in graphic terms that domestic violence has gone far beyond spouse abuse. We heard actual incidents of older persons living with their children and grandchildren, and enduring beatings, extortion, and various forms of psychological abuse by their younger family members.

One week from today our committee will conduct another such hearing in Washington. Our hope is to raise the consciousness of this Nation and this Congress in the direction of developing solutions to this national tragedy.

There is one point of consistency between the findings of our hearing and the aforementioned Gallup poll, namely, that the largest strain placed on families today is the high cost of living. This problem is especially acute for those families caring for elderly relatives.

It is, therefore, imperative that we adopt two specific types of legislation to relieve this economic pressure. The first is to expand medicare coverage to include more home care and respite-type services. The second is to provide a meaningful tax credit for those families who care for an older relative.

My second point of interest with respect to the family and older persons has already been alluded to by the chairman when he mentioned the recently completed report by my Subcommittee on Human Services entitled "Future Directions for Aging Policy: A Human Service Model."

Clearly, the most dramatic change in the American family has been the emergence of the multigenerational family. We will receive testimony from such families later in this hearing.

As our report points out, "It must be remembered that at no time in any society was the extended family the common mode." Our report does reveal some interesting statistics.

On the one hand, the number of seniors living with their children has decreased by 46 percent in 1955 to about 18 percent in 1975. Yet 80 percent of all home care provided to persons aged 55 and over is given by family members. For those seniors who are institutionalized, the family is still part of their lives. According to a study in our report, approximately 90 percent of institutionalized seniors have known next of kin, and nearly two-thirds receive weekly visits, oftentimes supplemented by telephone calls.

It is the contention of our report that family will continue to survive as the most desirable provider of human care to seniors. This is especially critical when we consider the dramatic growth in our senior population which is presently taking place and which will continue unabated throughout the early part of the next century. It is vital that we begin to respond to this fact and develop foresighted Federal policies which will enhance the role of the family as the primary care giver for seniors.

There is hardly a person in this room for whom family care is not important. The influences of our parents oftentimes are the strongest influences in our lives. The message we would like to come forth with today is that strong family life is a testament to a healthy society.

We have an impressive list of witnesses and I look forward to hearing their comments. We have been recently joined by Ms. Ferraro.

STATEMENT OF REPRESENTATIVE GERALDINE A. FERRARO

Ms. FERRARO. Thank you, Mr. Chairman.

I am delighted that you have scheduled these hearings, and that they fall just 1 day before the convening of the White House Conference on Families. The emerging awareness of the importance of the family unit in American society is one which can only serve to better the quality of life in which we all, young and old, live.

The rugged American individualism for which this Nation is so well known is, perhaps, better termed the rugged American family strength. As the report from the Human Services Subcommittee indicates, family strength continues to remain the primary source of support in our Nation. As Americans live longer and as the family structure becomes redefined through that longevity and changes in work patterns, all of us, both Government and private citizens, have a responsibility to insure that the vitality of the American family support system remains intact.

I do not believe that Americans are ignoring the obligations they have to their parents and grandparents. I do, however, have concerns about the ability of adult children to continue to adequately meet those responsibilities in light of the increased pressures that the new decade will bring. Middle-aged women, those who have traditionally provided care for older parents, will no longer have the time that that task requires as they, like their husbands, will have employment pressures.

As the only daughter and only daughter-in-law of two elderly women, my husband is an only surviving child, I noted with some amusement Elaine Brody's comment in her testimony that the term "alternatives to institutional care" is a euphemism for daughters. I couldn't agree more and not only recognize my future participation in their later years, but have been informed by both of them if I were to even consider a nursing home, they would let me have it.

Despite the fact that there is no evidence indicating that families "dump" their elderly relatives into institutions as anything but a last resort, I remain concerned about statistics which indicate that as many as one-fifth of our Nation's elderly are inappropriately placed in nursing homes. I sense that by facilitating the types of assistance which we "daughters" or alternatives to institutional care require, that statistic would drop sharply.

I look forward to hearing what I know will be interesting and informative testimony, and I trust that the witnesses today will be able to give the committee recommendations as to specific legislative changes which we can promote in order to facilitate multigenerational family support systems.

Public policy should be geared toward protecting and strengthening that which has proved successful in the past. I can think of few American institutions with as successful records as the American family.

I thank you, Mr. Chairman, for calling these timely and important witnesses.

Mr. BIAGGI. Thank you.

Miss Kuhn, our first witness, has been delayed. Three families will testify today.

The first family, the Jones family, is a fifth-generation family from the Washington, D.C., area; they range from age 85 to age 6. Mrs. Evelyn Conte will act as spokesman for the family. Will you come forward please?

While they are coming forward I would like to submit for the record the full text of the letter we received from the Chairman of the White House Conference on Families, a former Member of the House, the Honorable Jim Guy Tucker. His letter commends us for calling these hearings and says they will be the most useful to the conferees in their deliberations.

He also states that a new Gallup poll commissioned for the Conference found overwhelming support among American people for the kind of health care our committee is trying to promote as an alternative to nursing home care.

If there is no objection, we will print Mr. Tucker's statement in our record in its entirety.

[Mr. Tucker's letter follows:]

WHITE HOUSE CONFERENCE ON FAMILIES,
Washington, D.C.

Hon. CLAUDE PEPPER,
Chairman, House Select Committee on Aging,
House of Representatives, Washington, D.C.

DEAR REPRESENTATIVE PEPPER: I am grateful and appreciative that you and your committee have chosen to focus on the issue of families and aging. These hearings, coming as they do on the eve of the White House Conference on Families, will be of inestimable value as our more than 2000 delegates meet this summer to strengthen and support American families.

As President Carter said when he called the White House Conference on Families: "In a world becoming more complex every day, our families remain the most lasting influence on our lives." And families with aging members offer special opportunities and sometimes present special challenges.

Extended families offer a sense of history, knowledge, sharing and caring that bridge the generations and build society for the future. At the same time these families often have unique needs and these needs are sometimes not helped by government policies. For instance at the present time medicare covers 100 days of nursing home care for a patient after hospitalization, but nothing toward the cost of home health aides even though home health care is often less expensive and more effective. In a Gallup Poll commissioned for the White House Conference and released earlier this week no issue came through more clearly than the American public's desire for the government to support the care of elderly in the home. I am sure that your hearings will provide other examples to help policymakers and citizens strengthen American families.

To date more than 100,000 people have participated in the White House Conference on Families state activities. A number of state reports addressed the problems facing older Americans and their families. Topping the list of concerns were government programs such as social security, medicare, medicaid and public assistance programs which fail to promote the independence and well-being of older citizens.

Since more information on this crucial area of families and aging would be helpful in our deliberations, we look forward to the results of your important hearings which will be crucial to us as we enter our implementation period. We look

forward to working with you and your committee in promoting the interest of American families.

Sincerely,

JIM GUY TUCKER, *Chairman.*

STATEMENT OF EVELYN CONTE, GRACE CONTE, LATARSHA CONTE, MARGARET JONES, AND EVELYN NELSON, WASHINGTON, D.C.

Mr. BIAGGI. I understand Margaret will be 85 years old tomorrow. Prematurely but nevertheless appropriately, with as much conviction, we wish you a very happy birthday, Margaret.

Mrs. JONES. Thank you.

Mrs. EVELYN CONTE. My grandmother, Margaret, is very energetic, she is healthy, she is active in the family and in society. She is a voter and she is a consumer, and during her leisure time does a lot of traveling. She is very supportive of the family financially and with personal care. She even helps in the employment. If you are out of a job, maybe you can do some work for her. She will give you some money for it. She is a member of the Grace Social Club and she has 8 children, 25 grandchildren, 53 great grandchildren, 35 great-great grandchildren, and approximately 111 people are living in her extended family as of today.

Mr. BIAGGI. Congratulations.

Mrs. EVELYN CONTE. Being a member of her family, I would like to reward her for past services she has helped me with and for the opportunity of further contributions I know she will make to society being a person, even if she is old.

Mr. BIAGGI. First, perhaps the best way you could reward her is by doing the things she has been doing.

Mrs. EVELYN CONTE. That is just what I have been doing.

Mr. BIAGGI. Just contributing.

Mrs. EVELYN CONTE. Contributing to my family. I have a large family, too, of my own. I am a grandmother of 13.

Mr. BIAGGI. You are a grandmother?

Mrs. EVELYN CONTE. Of 13. This is my daughter, Grace. And there is my granddaughter, Latarsha. My mother here, and this is my grandmother.

Mr. BIAGGI. Youth runs in the family.

Mrs. EVELYN CONTE. I think so, because I am 44 now and I probably won't retire until about 75 or so.

Mr. BIAGGI. You are never supposed to retire. You may change careers and go in different directions.

Mrs. EVELYN CONTE. Well, I will probably change jobs, I will put it like that.

Mr. BIAGGI. Yes.

Mrs. EVELYN CONTE. But as I said, to be 85 she is very energetic and she is healthy and she is very interested in our family as a whole and in a lot of politics and society.

Mr. BIAGGI. You said something very important. You said she was a voter.

Mrs. EVELYN CONTE. Yes, she is.

Mr. BIAGGI. Has she voted regularly?

Mrs. EVELYN CONTE. Yes.

Mr. BIAGGI. The reason I make that point is our experiences with the senior citizens is that they regard their voting franchise more dearly than the Americans of lesser ages.

Mrs. EVELYN CONTE. I think they are the majority of the voters.

Mr. BIAGGI. It wasn't too long ago that we had a hearing in Washington of seniors over 100 years old, and each of them testified. They ran from age 100 to 114. One man went back as far as Custer's last stand. To put it in perspective, we had very impressive testimony, all were active and all doing something in the community in one way or another. That seems to be the running theme, being active. With Margaret continuing in that activity, you will be 100 and then some.

Mrs. EVELYN CONTE. I think so. From time to time when I need to have a vacation, all I do is go to her house and lock myself up in a room. Nobody will come to see me. They won't know where I am. I will hide in her peaceful and quiet house.

Mr. BIAGGI. Margaret is your grandmother?

Mrs. EVELYN CONTE. Yes.

Mr. BIAGGI. How do you feel about your great-grandmother? Are you close to her?

Miss GRACE CONTE. Yes.

Mr. BIAGGI. Do you talk to her?

Miss GRACE CONTE. I talk to her, she sits down and listens to the different things. We sit down and carry on like a normal family. Sometimes I feel like she's 25, at the most, she goes, goes, goes, goes.

Mrs. EVELYN CONTE. Especially after a party. We have a lot of parties in our family. My immediate family was born in July and August so those are the months we have a lot of parties. Even the grandchildren, some of them, were born in July and August.

Mr. BIAGGI. How about the senior citizen at the end, what is your name?

Miss LATARSHA CONTE. Latarsha.

Mr. BIAGGI. Do you talk to your great-grandmother?

Miss LATARSHA CONTE. Yes.

Mr. BIAGGI. Do you chat often?

Miss LATARSHA CONTE. Yes.

Mr. BIAGGI. Is she important to you?

Miss LATARSHA CONTE. Yes.

Mr. BIAGGI. What do you learn from her?

Miss LATARSHA CONTE. I learn——

Mr. BIAGGI. Don't be shy.

Miss LATARSHA CONTE [continuing]. How to respect older people.

Mr. BIAGGI. That is important. If more people did that, there would be less crimes against the elderly.

Mrs. EVELYN CONTE. She is shy.

Mr. BIAGGI. We will let you collect your thoughts.

How about the daughter, Margaret? Obviously, you are a woman of activity. What part does your family play in your life?

Mrs. MARGRET JONES. I can't hear you.

Mr. BIAGGI. What part does your family play in your life?

Mrs. MARGARET JONES. They are important, very important to me, children and grandchildren. I will tell you, I am very proud of all my grandchildren, but they all are really coming too fast. Every

time I turn around it is a new member in the family. One was born just 3 weeks ago. So I hope that the family will slack off.

Mr. BIAGGI. Given those numbers, and given past performance, I do not think anything is going to change. But it is all right as long as you have that wonderful relationship, it is great.

Mrs. MARGARET JONES. Yes, I have a wonderful relationship with them. So long as they all stay well and don't come too often.

Mr. BIAGGI. Now, I will get down to something very pertinent. Do you have difficulty maintaining yourself economically?

Mrs. MARGARET JONES. No.

Mr. BIAGGI. The whole family is out there working?

Mrs. MARGARET JONES. Well, not all the family.

Mr. BIAGGI. Are you an independent person?

Mrs. MARGARET JONES. I am not working now. I was working up until 3 weeks ago, part time.

Mr. BIAGGI. What were you doing?

Mrs. MARGARET JONES. What was that?

Mr. BIAGGI. What were you doing?

Mrs. MARGARET JONES. I was the companion of a lady who was 105 and I was with her for 3 years until she passed away. So I am not working.

Mr. BIAGGI. That reminds me of my mother, 78 years old and restless, taking care of a blind woman who was about 90. She says, "You know, it is very difficult to take care of these older people."

Mrs. MARGARET JONES. It really is difficult. I will tell you, she was set in her ways and you could do only just what she wanted to do and do it her way.

Mr. BIAGGI. That has a way of developing over a few years.

Mrs. MARGARET JONES. But I like older people.

Mr. BIAGGI. There seems to be an absence of venom. They look upon old people in a kindly fashion.

Mrs. MARGARET JONES. That is the way my parents brought me up. I came up in an older family. My mother was older when I was born, I was the youngest child. So, I just grew up with older people.

Mr. BIAGGI. You had the benefit of a pure love.

Mrs. MARGARET JONES. Yes. She died at 92.

Mr. BIAGGI. You are fortunate. You have a family that pretty much takes care of itself, but there are many other families that aren't able to.

Mrs. MARGARET JONES. My mother was 92 when she passed. My mother was 92, my aunt was 94.

Mr. BIAGGI. That is a good sign. The most important question on an insurance form is how old were your mother and father? It is very significant.

Mrs. MARGARET JONES. My sister, she passed at 74. All of them, you know, lived to be an old age.

Mr. BIAGGI. That is a good sign. There is hope for everyone in your family.

Mr. HAMMERSCHMIDT. Miss Jones, you were born in 1905, is that right?

Mrs. MARGARET JONES. That is right.

Mr. HAMMERSCHMIDT. And your granddaughter was born about 1936 I take it.

Mrs. MARGARET JONES. 1935.

Mr. HAMMERSCHMIDT. I just want to say that your presence here, even if you don't bring us any legislative recommendations the very presence of five generations is great inspiration to me and I am sure to all this committee.

And I think it is very appropriate that we see you as the first witnesses, Ms. Kuhn, was a little late, and I am glad she was. Though we look forward to hearing her testify, I think it is a nice symbol that this multigenerational family is here and we get to talk with you a bit, to remind us that since 1885 there has been a great change in this country and a great change in family life and that we need to examine what public policy should be in Government. Are we supporting the family or are we tending to pull the families apart? That is partially what these hearings are about. Of course, with the White House Conference on Families beginning their work I think it is very appropriate that the chairman of this committee called these hearings. I am glad that I have an opportunity to meet you and to be a part of it. We appreciate your being here.

Mrs. MARGARET JONES. Thank you.

Mr. BIAGGI. Mr. Lloyd?

Mr. LLOYD. Thank you very much, Mr. Chairman. I appreciate the opportunity to be here. I would ask unanimous consent to submit my statement for the record.

Mr. BIAGGI. Without objection it is so ordered.

[The prepared statement of Representative Jim Lloyd follows:]

PREPARED STATEMENT OF REPRESENTATIVE JIM LLOYD

Mr. Chairman, I commend you for calling these hearings on older Americans and the family. As the number of older Americans continues to grow, we are giving more attention to this segment of our society and the importance of developing policies which respond to their needs. Unfortunately, government programs, however well-intentioned they may be, are sometimes inflexible, may limit individual choices, and at times overlook the potential of non-governmental entities and individuals to make significant contributions.

I think it's prudent that we consider the role of the family in the lives of older Americans. The quality of our lives depends not only on our physical surroundings, but also on our psychological surroundings and the availability of emotional support. Oftentimes government can respond to the problems of malnutrition, inadequate housing, and poor health care more easily than it can to equally devastating problems of loneliness or lack of self-esteem.

The family offers stability and affectionate support which is often lacking in an institution, and I believe we should encourage the many families which wish to keep an older family member in the home. Because of the additional financial responsibility that decision means, I've introduced legislation, H.R. 542, which would amend the Internal Revenue Code to allow the maximum deduction for expenses incurred for maintaining a household member age 65 or older in the home as a dependent to rise from $1000 to $1500. Households eligible for the deduction would have to provide the majority of the older member's financial support for over half the year.

A study by the General Accounting Office (Home Health—The Need for a National Policy to Better Provide for the Elderly, December 30, 1977) concluded that "the cost of nursing home care exceeds the cost of home care" until older people become "greatly or extremely impaired." In other words, it's possible to develop policies which not only have significant social benefits, but are also cost-effective.

The bill is aimed at two groups of elderly persons: those currently living with their families, and those who must soon make the decision between an institution and the family home. If it were made a little easier, many no doubt would choose to live with their families; others will prefer or need other options. I think it is important that we recognize the diversity of the needs and preferences of older Americans and do our best to accommodate all living alternatives which provide the physical and psychological well-being that every person, regardless of age, needs.

I'm glad that today's hearings will give us an opportunity to hear the views of multigenerational families, as well as "experts" in the field, on the ways in which government can support extended families and encourage the invaluable contributions they make to our society.

Mr. LLOYD. I, too, and very much impressed with the presence of the Jones family. I think that one of the major questions that we face in the United States today, and all over the world, is where we are with regard to our family relationships, and whether or not the family still provides strong economic and social support. As we grow older, very difficult decisions will have to be made.

I have gone through that situation with my own family. I was adopted, and the people who raised me were much older in life when I was taken on as an obligation by them. They have since passed away, he at 92 and she at 87. We did go through the problem of trying to maintain a home, a family unit.

I think that our chairman is to be commended for taking the time and interest, and also the members on this committee who have worked very hard. I think that we, on this committee, are in the forefront of some of the major sociological problems presented to the United States. I think this committee, with the guidance and leadership of its chairman, is really headed in the right direction.

I do want to thank all of you for coming this morning. It is such a rewarding experience to see a family that is held together, stays together, and communicates. The institution of the family is one of the major assets of this country or any country. I sincerely hope that we don't lose that.

Thank you very much, Mr. Chairman, for bringing them to us.

Mr. BIAGGI. Mr. Regula?

Mr. REGULA. No questions.

Mrs. FERRARO. I have no questions.

Mr. BIAGGI. Mr. Shumway?

Mr. SHUMWAY. I have just one question. You are obviously blessed to have good health. Also, you have some economic stability. I realize many families do not have those blessings. Do you account for some of the solidarity that you have in your family the fact that you are healthy and you are independently able to take care of yourself?

Mrs. MARGARET JONES. Yes.

Mr. SHUMWAY. Were it not for those factors, do you think your family would be as close as you have described to us here this morning?

Mrs. MARGARET JONES. Yes, I think they would.

Mr. SHUMWAY. You still could be close. Those things really don't make a difference, then?

Mrs. EVELYN CONTE. I think because of my grandmother, this is the reason the family was so close. When I got married I didn't leave Washington because my grandmother and mother still lived here. My sisters and brothers all say the same thing. We want to make our home in Washington as long as my grandmother and mother are living. It is the love for her that all the family has that they want to stay close, not move away, want to see her or hear her.

Mr. SHUMWAY. What difference is there in your family and many other families that don't respect that closeness? How is it you

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people feel it is important and have cultivated this relationship and so many others have not?

Mrs. EVELYN CONTE. I imagine the way she taught us from childbirth, giving us her blessing. I know my mother and father were married, I remember my whole family living with my grandmother, and from time to time other members of the family had to move back in with the grandparents. So I think it is just really here.

Whatever she says has been an inspiration, the stuff she gives you. You go to her with a problem and she will iron it out for you, like knowing it will be over tomorrow.

I remember I wanted to buy a house. She said, go ahead and buy your house if you have enough money. If you die, they can't come down and collect the house. That is true, So I got my house.

Mr. SHUMWAY. It is very reassuring to me to have a family like yours here and to hear your testimony.

Mr. BIAGGI. Talking about wisdom of the ages.

Mrs. EVELYN CONTE. That is right.

Mr. RATCHFORD. I have nothing except we live in an age where American families are split up, live in different households, in different parts of the country. I am curious as to how many of you live in the same house or at least in the same neighborhood?

Mrs. EVELYN CONTE. She is furthest away.

Mr. RATCHFORD. Four-fifths of the generation are in the same household?

Mrs. EVELYN CONTE. These are in my household. I am only blocks away from here.

Mr. RATCHFORD. I think that is an important factor, a factor too often lacking in America today.

Thank you.

Mr. BIAGGI. Do you live alone, Mrs. Jones?

Mrs. MARGARET JONES. I have a granddaughter who lives with me.

Mr. BIAGGI. It is your home?

Mrs. MARGARET JONES. Yes.

Mr. BIAGGI. That manifests itself, that feeling and spirit of independence.

Mrs. MARGARET JONES. That is right. I will tell you, all my grandchildren would come and live with me if I let them.

Mr. BIAGGI. They would probably drive you crazy.

Mrs. EVELYN CONTE. They probably would. All the parents have to do is threaten them and they will run to grandma's house.

Mr. BIAGGI. Grandparents have a way of getting to children.

Mrs. EVELYN CONTE. You feel like you are protected. I still feel that way today, even with my grandchildren. I think if I need any help, I could depend on my grandmother. I know after we got married my twins were born with cerebral palsy and I moved close by her and she sort of had the rest of the family to help me along, getting me to the clinic and the hospitals with the children and with my husband working. It was just me and my husband. She did a lot to help me. She made a lot of arrangements that I couldn't make with the twins. So I stay pretty close to her.

Mr. BIAGGI. You make a beautiful picture, not just your appearance but for what you represent.

Mrs. EVELYN CONTE. And we party. Her little club has cabarets. I don't know if they got into the disco kick yet. I am a little too old for the disco myself. I know when they were having their annual cabaret and social club, she would sell us tickets and we would go and party.

Mr. BIAGGI. I want to thank you very much for coming. The committee is very grateful to you. Just don't ever lose that spirit and feeling.

The next witness is Maggie Kuhn. Maggie Kuhn is the national convener and founder of the Gray Panthers, an organization with members of all ages devoted to bridging the gap between generations and ending discrimination of persons on account of their chronological age.

Maggie was extremely supportive in our committee's efforts to end age discrimination as well as many other important issues facing older Americans.

Maggie is accompanied today by one of the members of her nontraditional household, Mr. Dale Irvin, who will discuss this type of living situation.

Welcome.

STATEMENT OF MAGGIE KUHN, NATIONAL CONVENOR AND FOUNDER OF GRAY PANTHERS, ACCOMPANIED BY DALE IRVIN, PH. D., CANDIDATE, PRINCETON THEOLOGICAL SEMINARY

Ms. KUHN. Thank you. We are very glad to be here, very privileged to bring our testimony and very honored to have been preceded by that remarkable family. I think you were right in opening this hearing with that five generational family.

Mr. BIAGGI. That only happened inadvertently, but as you have expressed it, we feel happy because you were delayed by air travel.

Ms. KUHN. Incidentally, we observed in our Gray Panther movement that the black families, the Chicano, the Asian, and Indian families have so much to give and such extraordinary strong examples of family solidarity and family support that the white communities have much to learn and emulate from those other communities living among us.

I am Maggie Kuhn, founder and national convener of the Gray Panthers, a coalition of people of different ages working together to eliminate ageism and all forms of oppression, discrimination, and segregation by chronological age. With me is Dale Irvin, member of the executive committee of the Philadelphia Gray Panthers. Dale and I are very active in Gray Panther affairs. We are also members of a nine member, intergenerational household in Philadelphia which he will describe later.

I never married, I have no children or grandchildren, but I have a family, a family of nine whom I have chosen and who have chosen me.

We are grateful to you and the House Select Committee on Aging for holding this hearing on families. We deeply appreciate the privilege of testifying before your committee. Your wise leadership we believe is going to be needed in the Congress and will be significant and necessary in initiating and securing the changes in

public policy and practice so urgently needed to encourage and support American families as they undergo many changes.

We earnestly hope that the White House Conference on Families opening tomorrow will reflect in its deliberations and recommendations for action the many changes occurring in family patterns, lifestyles and needs, possible innovative options for shared age-integrated living, and recognize as well the ways in which social attitudes, social structures and Government polices and regulations have fostered age-segregation, reified age stereotypes and the separation of the old and the young. We also hope the conference will be bold and creative in calling for basic changes. The issues of old age and aging put the whole society to the test.

In the United States today there are approximately 58 million households that fit the U.S. Census Bureau definition of a family as "two or more people living together and related by blood, marriage, or adoption." These families, however, vary greatly in their composition and cover a broad spectrum of situations:

Only 16 percent—I think that small percentage is for your committee to note and for the Conference on Families to note—fit the traditional nuclear family concept of mother, father, and two children, with father the breadwinner and mother staying home to care for the family. The nuclear family has been under tremendous stress with little or no support from the community.

In more families, 20 percent, with a mother, father, and children under 18, mother is now in the work force on a full- or part-time basis. The two-income family we observe is here to stay for the foreseeable future. Statistically it is a hedge against the escalating inflation and families will not survive without that second income. Many women work because they must.

There are growing numbers of single parent households headed by women who are raising children alone. Increasing numbers of middle-aged people have responsibility for their children and their parents. Contrary to common belief that old people have been abandoned by their children, many family ties are still intact, by telephone, Ma Bell, and frequent holiday visits. With the lengthening life span, increasing numbers of women outlive their families, as I have.

Other living combinations that comprise American families include: adult children who are living with their parents; retired people, mostly women in their sixties and seventies who are caring for 80- and 90-year-old parents, and making great sacrifices to do so; old people in minority communities who are frequently the caregivers for grandchildren who may actually live with them.

Regardless of ages, income or lifestyles, these families find that the basic problems of housing, health, and income are very much a part of their daily lives.

We cannot extol or idealize the nuclear family or the traditional extended family. Both have changed and more changes are to come. The reality is that American familes are profoundly affected and pressured by societal forces and structures, our competitive, profit-centered economic system, as well as public policy.

The issues of old age and aging bring to focus the plight and the pathology of contemporary society. Our society is sick, we had better recognize it, and the need for healing our society. We put

the whole society to the test and mirror its goals in the way we treat old people and children. We cite these examples and options for change.

We believe there needs to be a new social theory that completely puts to rout the disengagement theory. We need to recognize that age segregation, beginning in nursery schools and escalating throughout life and has its ultimate tragic effects in nursing homes where the elderly and frail are isolated in the mainstream.

Age segregation is weakening the basic social fabric of our society and has to be questioned under judgment and corrected by social policy and practice.

We have observed the ghettoizing of old people in the age-segregated housing constructed under title 202 of the Federal Housing Act. Federal and municipal policies for urban development have ripped up older neighborhoods. As a result of gentrification, there has been displacement, which particularly hurts older residents, the young marrieds, and the poor.

We have seen little or no efforts to deal with displacement of older homeowners who cannot afford increased taxes or home improvements, nor do we see attempts to integrate the older residents in the revitalized neighborhood. They are lost to those revitalized neighborhoods. And the strength and solidarity that they provide for society are also lost in the process.

We have also seen the shortcomings of section 8, rent subsidy program. The certifications are severly limited and in no way keep apace of the growing need. When old neighborhoods decline and die, as they have in large measure in the city in Philadelphia where Dale and I live, and old people are left alone and vulnerable to crime and lonely isolation, the quick and easy response in our society to date has been to relocate them out of the neighborhood, herd them into senior high rises away from children and young people and their familiar surroundings, and we call that humane.

Gerontologist Elaine Brody has observed that women are entering the job market in unprecedented numbers. Joining the young women who are postponing marriage for careers are middle-aged women who are going back to work. Almost 60 percent of all women between the ages of 45 and 55 are now in the labor force.

These women in their middle years have been the principal caregivers of old people. With their involvement in the labor force, their care is absent.

I know out of my own personal experience, the agony I went through for close to 20 years in the case of my elderly parent and brother who was never well, and the maintaining of my household which I had to do and keep on working or otherwise none of us would have made it.

It was almost impossible to find people who I could trust and depend on to care for my loved ones in my absence.

Gray Panthers sees several approaches. We see day care as a viable and useful solution for the care of children and old people in the same facility. The old-age homes that we are continuing to build in the private sector could be desegregated with child care centers as a part of their program, with many of the older residents providing some of the loving care and the surrogate grandparents that those children need.

Mr. BIAGGI. How would you work that out?

Ms. KUHN. Stapeley Hall, which is a retirement home in the same block where Dale and I live, has opened its community garden the last three summers to the residents of our neighborhood. There are 32 gardeners having little garden plots back of Stapeley Hall. The children in the neighborhood, who are largely black, are playing in those grassy meadows at the back of the house.

The elderly residents come out and oversee this and have the excitement and the stimulation of seeing the gardeners garden and helping in many ways with the garden. Last year was a great year for zucchini, a marvelous year. We are hoping in the foreseeable future they will take the next step and allocate part of their facilities to some continuing day care for children.

Mr. BIAGGI. You are talking about programmatic plans rather than just free access?

Ms. KUHN. We are talking of something that is more structured than use free access.

Mr. IRVIN. Perhaps I can give another example. We work with the senior citizen high rise outside the city limits of Phildelphia. Across the street is a preschool. The director of that school started with a group of volunteers from the high rise to teach art, to teach environmental education, take the kids on day trips. They now have an ongoing program where they travel together.

The people have adopted the preschoolers. It is a voluntary group within the building. They now hold preschool classes inside the high rise 1 or 2 days a week. The older people still have their privacy, they are not bothered by children crying at night but they still have this opportunity to be with the children.

Mr. BIAGGI. How long has this been going on?

Mr. IRVIN. It is in its third year of operation.

Mr. BIAGGI. Any bad experiences?

Mr. IRVIN. No, there haven't been too many bad experiences. We had a conference where 50 came in buses. They spent a whole day together.

Those people who have bad experiences don't have to be involved because it is all volunteer. It is a suburban community where people live without grandparents and it gives each child an opportunity to adopt an older person as a grandparent.

Ms. KUHN. Sociologist Bunzell of State University of New York has shown that our society is afflicted with gerontophobia, defined as the unreasonable fear and irrational hatred of old people by society, and the irrational psychological fear of growing old.

When old and young people are together there can be some immunization against that fear. Where we rigidly segregate if there are going to be problems and it will take contrivance and some very creative new efforts made to put what we have severed together.

Now we would like to speak very briefly about shared intergenerational living which characterizes our household.

Dale will briefly describe the existence of our household in metropolitan Philadelphia. In Philadelphia there are 28,000 abandoned houses in some 10 percent of those owned by HUD through repossessed mortgages.

We would like to see those old houses rehabilitated and reconditioned and rehousing intergeneration families of choice.

In every community there are numbers of old people and young people who could share space. We have been experimenting with this shared choice of space in several metropolitan areas with extraordinarily interesting results, very positive results.

In my own household I have been sharing my house for the last 7 years with people who are much younger than I, who are not my kinfolk but who care and love me and who I can care for and love in return.

We think that is the housing pattern of the future if we are to save our cities and to save the families.

But to achieve this goal of intergenerational living and neighborhood revitalization there must be changing in zoning laws, housing codes as well as changes in banking and insurance practices.

We call upon the select committee to draft appropriate resolutions to be presented and transmitted to the White House Conference on Families for their information and action, including: One, a realistic redefinition of the family of choice; two, a recognition of value and viability of intergenerational association and living as opposed to age segregated living; three, Federal initiatives to provide alternatives to age-segregated housing and; four, Federal initiatives to aid community groups in the private sector to develop day care centers for children and old people using the same facility.

My parting observation is that to continue our present age segregated institutions and services without providing alternatives is to risk the further destruction of the family and establishing in our so-called classless society a new, permanent underclass of old people who are dependent and powerless.

Now I introduce to you my friend and neighbor.

[The prepared statement of Ms. Kuhn follows:]

PREPARED STATEMENT OF MARGARET E. KUHN, NATIONAL CONVENER, GRAY PANTHERS

I am Maggie Kuhn, founder and national convener of the Gray Panthers, a coalition of people of different ages working together to eliminate ageism and all forms of oppression, discrimination and segregation by chronological age. With me is Dale Irvin, member of the Executive Committee of the Philadelphia Gray Panthers. Dale and I are very active in Gray Panther Affairs. We are also members of a nine member, inter-generational household in Philadelphia which he will describe later.

We are grateful to you and the House Select Committee on Aging for holding this hearing on families. We deeply appreciate the privilege of testifying before your committee. Your wise leadership in the congress will be significant and necessary in initiating and securing the changes in public policy and practice so urgently needed to encourage and support American families as they undergo many changes.

We earnestly hope that the White House Conference on Families opening tomorrow will reflect in its deliberations and recommendations for action, the many changes occuring in family patterns, life styles and needs, possible innovative options for shared age-integrated living, and recognize as well the ways in which social attitudes, social structures and government policies and regulations have fostered age-segregation, reified age stereotypes and the separation of the old and the young. We also hope the conference will be bold and creative in calling for basic changes. The issues of old age and aging bring to focus the plight and the pathology of contemporary society. They put the whole society to the test and mirror its values and goals. We find these statistics of special relevance:

In the United States today there are approximately fifty-eight million households that fit the U.S. Census Bureau definition of a family as "two or more people living

together and related by blood, marriage or adoption." These families, however, vary greatly in their composition and cover a broad spectrum of situations:

Only 16 percent fit the traditional nuclear family concept of mother, father, and two children, with Father the breadwinner and Mother staying home to care for the family. The nuclear family has been under great stress with little or no support from the community.

In more families (20 percent) with a mother, father and children under eighteen, Mother is now in the work force on a full-or part-time basis. The two-income family is here to stay for the foreseeable future.

There are growing numbers of single parents, particularly women, who are raising children alone. Divorce and separation end one out of every two marriages.

Increasing numbers of middle aged people have responsibility for their children and their parents. Contrary to common belief old people who have children remain in contact by telephone and frequent visits. Other living combinations that comprise American Families include: Adult children living with their parents; Retired people, mostly women in their sixties and seventies, are caring for eighty and ninety year old parents, and making great sacrificies to do so; Old people in minority communities are frequently the caregivers for grandchildren who may live with them.

Regardless of ages, incomes or lifestyles, these families find that dealing with the basic problems of housing, health and income are very much a part of their daily lives.

We cannot extoll or idealize the nuclear family or the traditional extended family. Both have changed and more changes are to come. The reality is that American families are profoundly affected and "pressured" by societal forces and structure, our competitive, profit-centered economic system, as well as public policy.

The issues of old age and aging bring to focus the plight and the pathology of contemporary society. They put the whole society to the test, and mirror its values and goals. We cite these examples and options for change:

1. *In social attitudes and theory.*—Although the disengagement theory (Cummings and Henry 1961) has been largely discredited by gerontologists it has been the rationale for age-segregated, housing and mandatory retirement. It is hard to grow up and grow old in our technological urban society. Old people and young people have been separated, by age as well as economic social status.

Beginning in nursery schools and ending in the isolation of the frail elderly in nursing homes we keep the old and the young separate from each other. We do violence to the essential wholeness of life and the integrity of persons when we segregate and isolate the old and the young from the mainstream. The fabric of society is weakened. The young have no future, old have no place and mid-life people have little life satisfaction, but much stress, frustration and burn-out.

Despite the fact that aging is a universal experience for all of us—beginning with the moment when life begins and continuing to its closure, there is widespread fear of aging as well as self-hatred and self-deception. "It can never happen to Me!" "You're only as old as you feel." "I'm really 70 years young", are common expressions of these fears.

Sociologist Bunzell of State University of New York has shown that our society is afflicted with Gerontophobia, defined as the unreasonable fear and irrational hatred of old people by society, and the irrational phychological fear of growing old. Your committee has shown how gerontophobia is widespread among people of all ages and classes in the United States. The anxieties and self-hate so characteristic of the disease are compounded and reinforced by the programming and activities of Radio and Television and by the ageism that stigmatizes and stereotypes people by chronological age. We believe that ageism, like sexism and racism can be eliminated only by mass education and massive changes in personal attitudes and social structures, and vigorous viewer monitoring and enforcement of broadcasting codes.

2. *In housing and neighborhood development.*—We have observed the ghettoizing effects of age-segregated housing constructed under Section 202 of the Federal Housing Act. Federal and municipal policies for urban development and housing have ripped up older neighborhoods as a result of gentrification. Displacement, particularly, hurts the older residents, and the young who are poor. We have seen little or no efforts to deal with displacement of older home-makers who cannot afford increased taxes and home improvements; nor do we see attempts to integrate the older residents in the revitalized neighborhoods.

We have also seen the short comings of the Section VIII rent subsidy program. Centifications limited. The number of old people who want and need to remain in their neighborhoods far exceeds the provisions the federal government has established.

When old neighborhoods decline and die and old people are left alone and vunerable to crime and lonely isolation the quick and easy response is to relocate them out of the neighborhood, and herd them into "Senior High rises", away from children and young people and their familiar surroundings.

3. *Maintenance for the care givers.*—Gerontologist Elaine Brody has observed that women have been entering the job market in unprecedented numbers. Joining the young women who are postponing marriage for careers are middle aged women who are going back to work. Almost 60 percent of all women between the ages of 45 and 55 are now in the labor force. Since many women in middle age are the principle care givers for old people, many old people who need care have had to be institutionalized. We are convinced that many families want to care for their older members at home but find it impossible to do so because there is little or no dependable help available from the community, and financial help is available often only if the old person is institutionalized.

Gray Panthers do not provide services but we get many anguished calls from families (mostly from women who have to work) for assistance in caring for elderly relatives * * *. Working mothers of young children have the same anxiety and the same need.

Gray Panthers see several approaches: (a) Day care is a viable solution for the care of children AND old people who cannot be left alone. Day care programs for both children and old people could be provided in many of the retirement homes built all over the country by church groups and other private groups. These are segregated facilities that could accommodate young children for day care with little capital out-lay, shared use of space and shared care provide impart by older residents.

Stapeley Hall, a Quaker retirement home in our immediate neighborhood in Philadelphia, could be moving in this direction. For the past two summers young children from the neighborhood play every day in the large grassy meadow back of Stapeley Hall. Some 30 families are growing wonderful fresh vegetables. Last year was a great year for zuchini; and the garden development has been largely watched and overseen by Stapely Hall residents, our neighbors. We hope next year to have experimental child care there—another intergenerational break through.

Gray Panthers and The Older Women's League have joined in a coalition to recruit, credential, train and place cadres of displaced home-makers in a new community controlled, comprehensive home care plan. There is an enthusiastic response to this idea. We are seeking a planning grant to develop pilot programs in six different communities. Women who have been home-makers and mothers have a variety of skills desperately needed today.

4. *Shared intergenerational living.*—In every community there are numbers of old people who live alone in houses which are too large, too expensive to maintain on fixed income and too lonely and unsafe to live in. In every community there are numbers of young people who need housing but cannot afford to purchase a house, or meet the escalating costs of rental housing. Gray Panthers are experimenting with various shared housing arrangements.

Simple parent families in many communities desperately need housing and are denied it because of cost, and discrimination against children.

To achieve our goals of intergenerational living and neighborhood revitalization, there must be changes in zoning laws, housing codes, as well as changes in insurance and lending policies of banks.

We call upon the Select Committee on Aging to draft appropriate resolutions to be transmitted to the White House Conference on Families for their information and action.

We recommend resolutions to deal with the following issues: (1) A realistic redefinition of the family; (2) Recognition of the value and viability of intergenerational association and living; (3) Federal initiatives to provide alternatives to age-segregated housing; and (4) Federal initiatives to aid community groups in the private sector to develop day care centers for children and old people together.

To continue our present fragmented, age-segregated institutions and services without providing alternatives is to risk establishing in our so called classless society a new permanent underclass of old people who are dependent and powerless.

Thank you.

STATEMENT OF DALE IRVIN

Mr. IRVIN. Thank you for this opportunity to speak this morning. I am Dale Irvin, as you were told, a member of the Philadelphia Gray Panthers and a housemate of Maggie's. I am also a divinity

student in Princeton Theological Seminary and a student worker in Old Pine Street Presbyterian Church in Philadelphia.

The first pastor of Old Pine Street Church was the Reverend George Duffield who was the chaplain to the Continental Congress at the signing of the Declaration of Independence.

The Reverend Duffield had a price of 300 pounds on his head, on bounty by the British troops. He was noted for preaching fiery and revolutionary sermons. He had to flee for his life, and it was John Adams who said he was a fiery and revolutionary preacher, unlike any he had heard in Boston.

Mr. BIAGGI. The British are still at it.

Mr. IRVIN. Yes.

One of the things we have been doing is not only in our own household but looking at citywide projects on intergenerational house-sharing.

Seven or eight years ago, Maggie had a young person move in to take care of her parents. Linda still lives with her on the second floor. She is from Minnesota and was living far away from her own family. Linda is a nurse who works in a psychiatirc hospital and works with older patients.

Their interests coincided. Linda took time off to write a book and do research while she was living at Maggie's.

In time, several other people moved in and then Maggie bought the house next door which is where I live. There are nine of us in our homes: two married couples; the two people on the third floor of our house are students, full-time medical students, and a college student. The woman downstairs is in her fifties. One woman is 33; another 35. We are three different generations.

We have different political and religious perspectives. We have a variety of lifestyles but we find living together has given us something which we all lacked—that was our larger families. We all live away from our extended families. It put us in touch with people of other generations.

It is with this in mind that we would like to introduce what we call a "family of choice." Our definition for a family of choice is one adapted from the definition approved by the American Home Economics Association in their National Convention in 1975:

> A family is two or more persons who share resources, goals, values and life-style over time; a family is a network of mutual responsibility, commitment and decision-making transcending blood, adoption and marriage.

In a sense we have recreated the extended family without some of the problems of the extended family. We all have our private space, it is well defined. We have our own kitchens. We share meals whenever we can but because of different schedules we don't make an issue of it. We are not a commune. We live cooperatively.

When the house needs repairing we call a date and have a painting party or have a building party and if a job is too big, I do it because I am the builder now.

We pay rent to Maggie but the rent comes to about what the house costs to take care of. The biggest problem we have is the city zoning ordinance. If my wife and I live with Maggie, we are technically violating the law because we are three people with different family relationships

We have been fighting that for about 6 years. One house is zoned for three families; one is zoned for only two. So we have to fight every time the city housing inspector comes by.

Mr. BIAGGI. People have been living in violation of city housing codes for years and years.

Mr. IRVIN. We find a lot of older people don't want to live in violation of city housing codes.

What we are doing in our neighborhood on a larger basis through the church network in Philadelphia is to put together a house-sharing resource center. We have one church in our neighborhood which started with services to older people and the woman kept running into young people who volunteered who did not have adequate housing.

Philadelphia has a lot brownstones which are empty. These are six- and eight-bedroom houses. They cannot be subdivided. People usually sell them and move into condominiums. With rising heat costs it has become impossible for some people to live in their own homes.

There are young people who can't afford down payments. What we are doing is placing these people together. We would like to find a larger way to do it through the city housing office.

In one successful house the three people are going off to buy—a woman and her son who moved in with a 72-year-old member of our Gray Panther group—they are now looking to buy a new house together, one which is more suitable. They are a family. They act like a family. They look after each other.

One of the big things we find is security. It provides older people with security, someone to make sure the doors are locked, someone to take care of the one who is sick.

From my perspective I think the most important thing is it provides young people with older companionship.

The late Eugene Rosenstock-Huessey, professor of history at Dartmouth College, used to define decadence as the inability of one generation to pass on its values to the next, not so the next can simply repeat those values but so that generation has the basis for creating its own.

A heritage is embodied in the lives of the older members of any society. To allow barriers to exist between members of different generations, to shirk our responsibility for building relationships among different generations, is to condemn our society to decadence.

That is the point at which decadence sets in and our society is doomed. We take that seriously. Several of us in the house are students. One woman is doing a Ph. D. and using Maggie's memory of her life in Cleveland in the twenties, her work with the YWCA in the thirties and with the church in the forties as the basis of her dissertation because it embodies the history she is writing about, the history of social work.

Maggie is our link with our last century in that respect.

[The prepared statement of Mr. Irvin follows:]

PREPARED STATEMENT OF DALE IRVIN, STUDENT, PRINCETON THEOLOGICAL SEMINARY

Thank you for this opportunity to speak this morning. I am Dale Irvin, as you were told a member of the Philadelphia Gray Panthers and a housemate of Mag-

gie's. I am also a divinity student in Princeton Theological Seminary and a student worker in Old Pine Street Presbyterian Church in Philadelphia.

We realize that the extended family is no longer an option for most Americans. Few of us live near enough to our biological families to maintain such households. Many who do find living with relatives stressful because of unresolved conflicts.

We likewise believe that social pressures on the nuclear family are rendering that lifestyle unworkable for many Americans. In my work with the church I have become aware of the tremendous level of domestic violence which is ripping the small family apart—in nuclear house-holds, studies now say the level of domestic violence approaches sixty percent.

It is with this in mind that we would like to introduce what we call a "family of choice". Our definition for a family of choice is one adapted from the definition approved by the American Home Economics Association in their National Convention in 1975: "A family is two or more persons who share resources, goals, values and lifestyle over time; a family is a network of mutual responsibility, commitment and decisionmaking transcending blood, adoption and marriage."

In creating a family of choice we feel that we have re-created the more traditional extended family while meeting the needs for privacy and mobility which have become essential. We would call a family of choice any arrangement in which persons of different generations commit themselves to living under one roof and sharing economic and social responsibility. Such families gather around shared interests, values or needs. We know of several households which share a common religious or political perspective and are intentionally intergenerational. Others we know of live together simply for companionship and security. Such living arrangements can be a way to meet the spiraling cost of energy or high cost of renting; older homeowners living in large, hard to heat homes can share them with younger people unable to pay high rent or high mortgage costs.

Such living arrangements foster a sense of belonging. Our society breeds isolation and loneliness. We need to turn that around and encourage people to begin to live together again, to rebuild community. Maria Roy, in her book, "Battered Women," notes that the incidence of domestic violence in households where a non-family member is present is significantly lower than in households of just husband and wife. The presence of non-related persons can provide stability to a household, and can mediate stress on relationships.

Our own experience has demonstrated that different ages can live together and can share lifestyles without lapsing into authoritative and restrictive roles or limiting each others freedoms. There can be a mutual respect and creative exchange across age barriers. Our household is made up of nine people, ranging in age from 22 to 74. There are two married couples, three generations and a variety of lifestyles in this family. One person is Maggie's personal assistant, another is a medical student at Temple University, a third is a community organizer.

Those of use who are younger do not consider Maggie as a grandmother, nor do we treat her as one. I think we all regard each other as friends. At the same time, we respect our different needs for privacy, we work co-operatively to keep the house in order and we share expertise and contacts in each others work. We do not live communally, but do seek to live co-operatively.

The objection we hear most often is that people of different ages have neither the desire nor the common interest to live together. Such objections are usually raised by people who have uncritically accepted rigid categorization on the basis of chronological age. We have all heard about those older people who hate children and loud music, or those younger people who dislike the aged. We acknowledge their freedom to their own opinions, and can only hope they are prompted to a change of heart. But all too often the option of living together in non-segregated housing is being denied people, by public policy and social attitudes. We think many more people would consider intergenerational living if there were encouragement and support.

For most the decision to become a member of an intergenerational family other than blood, adoption or marriage, will not be made without widespread community support, facilitation on the part of community organizations and policy changes. Churches, community groups, block associations and local agencies can give that community support and be facilitators.

Zoning regulations need to be changed, other government services need to intentionally foster interaction among generations, and policy barriers need to be overcome. We need to encourage people of different ages to live together on a community level as well as in families.

Already, we are hearing from individuals and groups all over the country who are creating a new mode of family. We are involved with a number of projects which may just be the beginning of a major social transformation in this country. In Seattle there is now a housing resource center to connect those who own homes and

want to share them with those who want to live with others. In Los Angeles the Gray Panthers have surveyed housing needs and choices of older and younger people, and have developed a manual for intergenerational house sharing.

The Friends Community of Easton, Massachusetts is an entire community intentionally intergenerational. The community is a development of condominiums, situated with four units per building, and offered primarily as retirement housing. In this case, however, a minimum of one quarter of the units must be occupied by nonretired persons who in return for the low cost of housing provide several hours of service to the community each week. The Boston Shared Living Project is another intergenerational community living together in a large four-story brownstone in the Back Bay section of Boston.

The list of projects and opportunities could go on and on. Colleges are inviting older persons into empty dorm spaces. Many colleges have traditionally placed students in the homes of older residents, often a kind of family of choice not recognized as such. Living together is not just a quaint idea; it has been and is becoming again a necessity and a source of life for many people.

The late Eugene Rosenstock-Huessey, Professor of History at Dartmouth College, used to define decadence as the inability of one generation to pass on its values to the next, not so the next can simply repeat those values but so that generation has the basis for creating its own. A heritage is embodied in the lives of the older members of any society. To allow barriers to exist between members of different generations, to shirk our responsibility for building relationships among different generations, is to condemn our society to decadence. We can meet our responsibility for the future only by breaking down barriers between generations, and only by giving the next generation the resources of the past upon which to build. Building families of choice can be one way of creating humane solutions to prevent alienation.

Ms. KUHN. In my point of view my young friends and neighbors are my link with the future.

Mr. BIAGGI. One of your suggestions, the third recommendation involves Federal initiatives to end age-segregated housing. Would you concede that would be a long-range program as contrasted to what we have today?

Ms. KUHN. We think that it could happen on a much more immediate basis if there was some encouragement from the banks for loans, redevelopment loans, rehabilitation loans, if there could be some initiative from the Federal Government through encouraged changes in zoning laws.

There is no shortage of space that is available. We don't have to wait to acquire property and go through the expense of building the kind of housing that is being built today. We can recycle houses, and people them immediately with people who need space.

So I regard this as maybe a more immediate goal and more achievable because there are resources in the private sector that could be encouraged by the public sector to move right ahead.

Ms. IRVIN. We know of a community in Easton, Mass. that is Quaker-built Friends commununity. It was a private senior citizen development. About three-quarters of the way through building they realized this was foolish, to lock these people away when they needed some way of making this place intergenerational. They passed a rule that the eventual building had to be one-quarter nonretired people, families and younger people who live there at the same costs, condominum arrangement, but on getting the reduced costs had to agreed to give 1 hour of service a week per person to the community.

One unit out of four is not retired and there are people in their twenties, thirties, who comprise one-quarter of this population. They drive people to the stores, they check up when something is wrong. They are the life of the community in that sense.

Mr. BIAGGI. That is a good way to do it. I have two questions and then I must leave for another meeting. We conducted hearings on domestic violence among the older people. I have suggested that a tax credit for the families who care for these older people be provided.

Would you care to comment on that? Much of the pressures that develop, came about as a result of the economy of that particular family.

Ms. KUHN. We have observed out of our consistent study of this over a period of several years that in nuclear families there is a high degree of emotional stress. Unresolved conflicts some to the force when there are older members present, real reversals in terms of authority.

Dale has been observing this as a seminary student, and our considered judgement is when there is the presence of an unrelated person in that household, the domestic violence is reduced.

This is another person to absorb the emotional tension, to deal with the hostility and to help to mediate.

Mr. BIAGGI. Unrelated person in the household.

Ms. IRVIN. We also mean uncles, it is not husband, wife and grandparent. An uncle or aunt, a cousin, a grandmother's sister often is the person who drains off some of the frustrations that are experienced.

Ms. KUHN. Or an old neighbor who may need housing.

Mr. BIAGGI. We are talking about the premises that the family is assuming the responsibility for the individual?

Ms. KUHN. There is a good deal of evidence that families do, whenever they possibly can, assume care.

Mr. BIAGGI. No; I would like to stay with the illustration you have given because it raises an interesting point. We have found that when families with grandparents or great-grandparents living with them assume responsibility of care and feeding, economic pressures may develop. There may be a dispute among the man and wife in that family if it is the parent of one or the grandparent of another because the family is being denied economically. This develops into familial conflict and the elderly person is often the victim.

That is the kind of pressure that we find and this is why we suggested a tax credit. Are you talking about a similar situation?

Ms. IRVIN. Similar but a little different. We are talking about situations in which conflicts have never been resolved. I know my grandmother lived with us the last year she was living, and not having lived with us for some years allowed both of my parents to work out personal problems they had had growing up.

Mr. BIAGGI. When you make reference to unrelated individuals who live with these families are they being cared for economically by the family or are they making a contribution?

Ms. IRVIN. I think they are making a contribution.

Mr. BIAGGI. That is an important point. A lot of that stress which develops into subsequent violence is because of the drain on the household finances.

Ms. KUHN. I would support your idea of tax credit for the family members who are maintaining their older members at home be-

cause the ironical thing is there would be immediate help, financial help, available if those older people were institutionalized.

Mr. BIAGGI. It would be less expensive to keep them at home.

Ms. KUHN. That is right. Your committee has made some very important studies indicating how cost effective it is to maintain people in their own homes rather than institutionalization.

Mr. BIAGGI. Substantially less expensive.

One further question, if the communication was able to be established between the young and the old, do you think there might be a dimunition in crime against the elderly?

Ms. IRVIN. Yes. I almost know for a fact. We have a neighborhood where a group of older people have claimed ownership in their neighborhood and they have requested every juvenile delinquent before he gets into the family court service be made known to this group of older residents, and they adopted that person and seek to set up some kind of relationship and work with the families. In fact, it has reduced crime, not only crime against older people on the streets but crimes against property and general vandalism.

Ms. KUHN. Where there has been separation and alienation, hostility is almost inevitable. But when people know each other and have the opportunity to interact as human beings, there can be care and protection.

Mr. BIAGGI. It applies to all people.

One last question. With relation to the frail elderly, do you feel we have an adequate national policy? Should they be guaranteed care by the Federal Government?

Ms. KUHN. The Gray Panthers and the Older Women's League have been developing a pilot program. We are now seeking a planning grant to develop. This would credential, recruit, train and place cadres of displaced homemakers, women in their middle years, who need to work and who have very employable and marketable and socially useful skills.

We think of them as the cadres of new comprehensive community-based, community-controlled health care that is maintained for the purpose of keeping people in their homes. We think frail elderly people could be better cared for there rather than undergoing the relocation trauma many suffer when they are moved out of familiar surroundings into extended care facilities.

Mr. BIAGGI. Ms. Ferraro.

Ms. FERRARO. Thank you, Mr. Chairman. I want to thank you for your testimony. I want to take one exception with one remark you made before you began your testimony.

I represent a very ethnic community, and intergenerational living is not something new with my people—Polish, Italian, Greek, live together in two- or three-family homes. You will find two or three generations living in the same homes in the neighborhood for 70, 80, or 90 years. I think that is not an accurate statement to say that white people are not intergenerational.

Ms. KUHN. I stand corrected.

Ms. FERRARO. The other thing I do want to say, I am a bit of a cynic as far as this whole concept is concerned. The reason I am is because I think what you are both assuming or presuming exists before an intergenerational family can exist in your situation

seems to be the optimum. You have to have two things. One of them is what Mr. Biaggi made allusion to and that is money. The other thing is health. I think those are two very essential qualifications.

If Maggie had not been a healthy woman who had that home, would the number of people who are living there have come to live there? Or if she had charged more than just the expenses of running the home, would you have stayed? If it were the other way around, would you have sought her out?

Those are the questions that come to my mind. What you have is an optimum deal, there is no other way to put it. I wonder about the others.

I don't find difficulty with an elderly woman or man trying to communicate with his children, grandchildren, neighbors, as long as he is healthy, but it is when illness and money become a problem those who are there turn around and walk away.

Mr. IRVIN. I spoke of Peg who is a Gray Panther. About 8 years ago she was healthy and she had a young person move in, a single mother with two sons. Peg had been in the hospital for 4 weeks now. She had become ill after this family has been functioning.

Ms. FERRARO. For how many years?

Mr. IRVIN. I think it has been 7 or 8. Most people don't start off ill when they live in families of choice but once the people live together and begin interacting, adopt a cetain relationship toward each other, illness becomes a family matter and it is taken care of. Peg was kept in her house as long as possible until she was too sick and had to go to the hospital. Lynne is not related to her biologically but considers her a very close friend, not a grandmother, not someone she feels forced to take care of.

I agree there are problems with attitudes and with health. However, I don't think there are that many older people who will be interested in this who would be ill. I think there are a lot of older people not ill who are interested in this kind of living arrangement.

Ms. KUHN. The practical matter of housing is a very great issue for older women particularly. We are the survivors, as you know. Many of us have houses that are debt free, that we have saved over many years to acquire. It makes such sense to share that space with people who need it and to enable us ourselves to stay in those places when that space is shared.

Why others don't see it, I think is part of the gerontophobia of other time. We have separated ourselves and we have fought for a kind of fierce independency that is not appropriate in old age. It is interdependent that we are.

Ms. FERRARO. I want to comment about 202 housing because that is really something that people in my District are anxious about.

Ms. KUHN. I know.

Ms. FERRARO. We have two and we are looking for a third. They want that 202 housing.

Ms. KUHN. I am not saying that she shouldn't have it and that policy has served its purpose well. But I am saying really public policy ought to go beyond that and provide options to people who do not want to live in age-segregation housing. Maybe the restrictions that are presently operating with regard to 202 housing

might be changed and modified to some degree so that there could be intergenerational housing.

I think of single parent families, young mothers with young children, who might enormously benefit by having those older neighbors with them. This takes education on our part and on your committee's part of the elderly people of America. We are not rearing a selfish generation. We are rearing a generation of people who care for those who come after us an are willing to make some concessions and to reach out to them rather than to reject them. I think the Federal policy should encourage the reaching out.

Ms. FERRARO. I thank you both for your testimony. Thank you, Mr. Chairman.

The CHAIRMAN. Are there other questions?

Mr. Shumway.

Mr. SHUMWAY. Thank you, Mr. Chairman. I appreciate your testimony here today. You have introduced what to me is a new concept and I think it is commendable and I applaud every effort that might be made to end the segregation of elderly Americans as it has been practiced in our society.

But I am concerned. In redefining the American family we might be casting it in terms of a definition that would overlook or perhaps even discredit the traditional family unit as we have known it in America.

I think there is no doubt about the fact that the principal family or the traditional family has been a principal ingredient in America's development, and I for one am very concerned about the tendency now, as I am sure you are too, which would erode the significance of that traditional family unit.

If we redefine it, particularly as you suggest it here, I think we might be losing some of the value or merit that applies to the traditional family setting. In fact, if we are going to say such things as "a family is a network of mutual responsibility, commitment and decisionmaking transcending blood, adoption, and marriage," I think we are saying to ourselves that the traditional family no longer has the significance or it should be relegated to an equal position with the nontraditional family which you have suggested to us here.

I am concerned about the breakdown of that family as we have known it in America; that in redefining the family we are going to lose that significance.

Ms. KUHN. I am as concerned as you are about the breakdown of the family. Our definition in no way sets that aside. But I am a pragmatist and a realist and I realize there are many, many people who are rootless and who do not have family ties in the traditional sense but who need and will continue to need the nurture and care and loving support that a family provides. There is no substitute for that.

We are saying in this new age there is the option of, along with the traditional family reconstituting and looking at in experimental terms, an option that may help the existing families, 16 percent of the nuclear families to continue. There is no assurance that 16 percent is going to be a viable entity by the year 2000.

Mr. SHUMWAY. Why is it necessary we redefine this grouping of persons that may have very commendable efforts? Why do we have to call it a family? Why not boarders, roomers, renters?

Mr. IRVIN. One reason is that you have zoning problems.

Mr. SHUMWAY. We are still going to have those problems whether it is called a family or not.

Mr. IRVIN. Probably because we hope in doing this to reintroduce some of the benefits of an extended family.

Mr. SHUMWAY. Can't that be done otherwise? Can't you love each other even though you might have the relationship of tenant and landlord?

Mr. IRVIN. We want to call that relationship some form of family.

Mr. SHUMWAY. Couldn't you do that among yourselves rather than redefining the form of family that we have?

Mr. IRVIN. We are sure you could. There is no reason why we couldn't. I think the problem is making people think about it, opening their eyes to the possibility. The reason why we are both concerned about the family is not because we want to destroy a family but because I work in a church where the chief problem is domestic violence, stresses on the family, that we are looking for some way to alleviate. We are looking for some way to bring people some sense of togetherness.

Maria Roy, in her book "Battered Women", tells us the statistics are that almost 60 percent of American families will experience domestic violence of some sort or another, 30 percent on a regular basis. We feel that statistic is overwhelming. That is a lot of violence between people who love each other.

Mr. SHUMWAY. By redefining the family as you propose, we are going to curtail domestic violence?

Mr. IRVIN. No. I think we are looking for new ways to help people overcome the stresses that are creating that violence.

The other aspect is loneliness. Many people live in single households or single people families, a household where someone lives by him or herself. We would like to find ways to encourage people to live together and to find some of the benefits of family, without being a biological family, without challenging the biological family. We don't want to challenge the traditional family at all.

Mr. SHUMWAY. But your definition does do that. There may be other ways of defining it than what you have suggested but it seems to me it does relegate the traditional family to something of an inferior status because there are other considerations that transcend those things that have been the earmark of the family.

Ms. FERRARO. Will the gentleman please yield?

Mr. SHUMWAY. Yes.

Ms. FERRARO. I have a question to follow on that. If you had a biological famiy, would you be able to have this type of family? Don't you see tensions and dissension arising between the two competing interests? This is OK for you as a substitute.

Ms. KUHN. I think there are inherent tensions in any human group. That is our human condition.

Ms. FERRARO. What I am saying to you is that to follow up on Congressman Shumway's question, wouldn't this in effect be something where if you had a biological family they would probably be

terribly opposed to you taking in this other type family, providing a home? If I were your daughter, I would say, "Hey, they are taking advantage of you. Move in with us."

Mr. IRVIN. If you were to say that, this kind of family situation would not be needed.

Ms. KUHN. Initially when I got into this question of living, since I had no children and had never married, I had to have help with my family, my primary family. I chose two young women to live with me who helped me in their care and they indeed loved them. My mother loved Linda. There was a loving relationship that was established with her as a surrogate grandchild. I think with the proper attitudinal base and some common goal of seeking some more solutions, it can be worked out.

I am saying this is probably not for everyone but I am saying for many people it could be an alternative.

May I say in response to your suggestion that we need to turn our attention to a definition that you have questioned, we need to look at it from a linguistics point of view. Maybe there needs to be a phrase that is introduced before it that suggests this is another kind of family, rather than as a redefinition of a family.

The CHAIRMAN. Mr. Gudger.

Mr. GUDGER. Thank you, Mr. Chairman.

I regret very much that I was not here in time to enjoy and learn from these two witnesses and their earlier testimony. Unfortunately, a very special committee of the Judiciary Committee required my attendance there.

Mr. Chairman, I want to commend you for these hearings, and I want to thank Ms. Kuhn for what I have already observed of her participation and her stimulating thinking. It is, I think, particularly significant that we are looking into these problems of family, however we define it at this particular time, in fourth and fifth generation families, particularly because we are seeing the extension of live experience in this country now, and it is altogether proper that we are having the first White House Conference on Families beginning June 5 in Baltimore, Md., and that you are taking a step in advance of that by having Ms. Kuhn here and Mr. Irvin to enlighten us by their very important testimony.

I want to express my regret for not having heard it all but I will certainly read it all. I am grateful for their participation and contribution.

The CHAIRMAN. Thank you very much.

Mr. Hopkins.

Mr. HOPKINS. Thank you, Mr. Chairman.

Ms. Kuhn, did you appear before a subcommittee of this committee a few months ago about interest on checks and savings?

Ms. KUHN. Yes. We presented testimony.

Mr. HOPKINS. Let me congratulate you on the work that you have done in the past and the devotion you put toward our older Americans.

All of us know it is an area that we have to continue striving for perfection on. Ten years ago, I believe there were only 3,000 Americans over 100. Today, there are something like 13,000 Americans over age 100. It is an area that I think requires more attention and I want to compliment you and the others who have done that.

I have a mother who is fortunately still living. Sometimes I question her attitude and the way she acts, but being a normal person I love her. Does squeezing the toothpaste out of the wrong end of the tube upset people who are not related? It does when they are related. And are they able to adapt to this a little easier?

Mr. IRVIN. I think when it is when we steal her blender that she gets really upset.

Mr. HOPKINS. Let me ask you, Ms. Kuhn: Oftentimes the public is concerned when they believe government is becoming involved in matters which they believe should be handled solely by the family.

How do you respond to this fear while providing the services which experts say that they need?

Ms. KUHN. It is a complicated question. I think there has to be a new understanding of the partnership between the public and the private and I take seriously our recommendation to you that this committee has some extraordinary and important work to do to help to shape public policy in a new direction.

Our experiences with some of the services that have been provided under the Older Americans Act—and we have been monitoring the execution of the Older Americans Act wherever we can—is that some of those services, well meaning and well intentioned, actually disable and make people more powerless and more dependent.

For instance, the title VII of the Older Americans Act provides nutrition sites and Meals on Wheels, some of those meals are catered meals. I question that. I have been at meal sites where people were served food that was not appropriate, catered meals. It would be better from my point of view if people could be encouraged to come to community kitchens and cook together. That is discouraged. It isn't sanitary. It hasn't provided proper inspection.

Mr. HOPKINS. I want you to understand my line of questioning shouldn't be as interpreted as opposed to what you are trying to do. I just want to get things lined up and some questions answered so I might know best how to respond when it comes the proper time to do so.

We realize there will be times when older Americans require the care only a nursing home can provide. When such a situation arises, how can families become part of that program?

Ms. KUHN. We have been working with Elma Griesel and the National Coalition for Nursing Home Reform. The Gray Panthers had a large part in forming that coalition. We have been attempting wherever possible to put the families in touch, to keep the families in touch with the residents of nursing homes, but our experience has been that a large number of old people in extended care facilities have no families. They, like me, are survivors, having outlived their kinfolk.

In many instances the families continue to maintain contact and the friendly visitors that we have organized and the watchdog citizens groups that visit regularly have helped to organize residents, to advise residents of their rights, and, again, keep them in touch with whatever family members may remain.

Mr. HOPKINS. Mr. Chairman, that is all the questions I have. Thank you very much.

The CHAIRMAN. Ms. Kuhn, everyone here is observing your vitality and the wonderful youthfulness you evidence—how many times a week do you go to the beauty shop ordinarily?

Ms. KUHN. I don't have time to do that. But I want to say for the record that I have had three bouts of cancer and have survived. I had a radical hysterectomy in December 1976, from which I happily recovered, thanks to my housemates who helped me. I have arthritis in both hands and in both knees, and I depend on Dale and others to help me in many ways. I am just eternally grateful that they are there to help me.

I am what would be called a frail elderly person if I lived alone and did not have the supporting family that I have chosen to live with me.

The CHAIRMAN. That suggests something that has occurred to me recently. We were holding a hearing in Miami one time and there was at the witness stand an elderly lady and a daughter, let's say, in the thirties. The daughter said, "My mother next week is going to have to go to a nursing home because I am a waitress by profession and I can't be home with her. She cannot live alone. Unless there is some way that I can stay at home with my mother or get somebody else to stay with her, she will have to go into a nursing home." She said, "I make in my work about $6,000 a year, and I am the only support of the family, so, of course, I have to work."

But she said, "If I could make $250 a month and stay at home with my mother, that would keep her out of a nursing home which would cost anywhere from $800 to $1,200 a month to the Government, which makes it possible for them to be there;" since she wasn't able to pay for it herself.

I have been very much concerned about how we could develop a process by which we could provide to the elderly person someone to be with you so you won't be lonely, so you have somebody to help you in case you have need for assistance, and yet we are at a time now where money is so scarce and resources so inadequate for innovation.

One possibility occurred to me. We might authorize the medicare authorities or whoever would pay the nursing home bill or hospital bill of the elderly individual who might have to come into an institution if he didn't have that kind of help—authorize them to pay to provide someone to stay with that person either to attend to him or her in illness or to stay there regularly to aid the person in the tasks of the day, an amount not to exceed 95 percent of whatever it would cost to keep that individual in an institution.

If we did that we wouldn't have to raise any more money or appropriate any more money. It could come out of the funds already available under medicare for which there is a tax base already provided by law. In that way the daughter or waitress could be permitted to stay at home with her mother, keep her mother out of a nursing home and they would be more happy being constantly together or if the person needed someone with her most of the time to enable her to take her medicine or take the exercise or the therapy, something that she needed.

What would be your reaction to that sort of concept?

Ms. KUHN. I think that would be a very interesting legislative proposal to make. An amendment to the present medicare regulations could be enacted. As you know from our testimony we are proposing to develop and train and have available a new group of caregivers who could supplement in case of illness the person who would be maintained at home.

I think it is a cruel irony, as I said earlier, that medicare and medicaid are available to people who are institutionalized but not to be maintained in their own home. I would commend that recommendation.

The CHAIRMAN. We have a bit of a precedent for that that has been recently reported out on the recommendation of this committee by the Ways and Means Committee. They made several proposed modifications in medicare legislation. One is, for example, that you do not have to go to a hospital for 3 days in order to get home care. Another is that you do not have to pay $50 deductible to get home care. Another is you are not limited to 100 on the number of visits you may have after you have been in the hospital or in home care.

Another is that the medicare authorities are permitted to pay up to 95 percent of what they would on the average spend annually for the health care of covered individuals to an HMO which would take responsibility of providing comprehensive medical care to that individual.

So it seems to me that has already been approved by the Ways and Means Committee.

It just occurred to me how we are stymied in so many ways to get new things to people for care that that might be a possibility. The fund would never spend more helping people this way than it would spend otherwise putting them in institutions. I am glad to have your opinion about that.

Ms. Kuhn, we could listen to you for a week and learn from you, but we have a number of witnesses scheduled for today and we will have to pass on to the other witnesses on the calendar. It is a great joy to have you with us and we appreciate your testimony.

You are not one of the images of the elderly in the media. Our committee had a hearing in Hollywood and we had two films that we had up for scrutiny. One was the elderly lady who was serving tea to the priest or the clergyman, and she was obviously so feeble that she could hardly stumble into the room.

As you anticipated, she finally dropped the tray. That was a ridiculous exemplification of an older person as being feeble like that.

The other one was where the chairman of the board—this is put out by a certain company—was a senile old man. Corporate boards don't have that kind of chairman. William Paley, Inc., is doing pretty well as the chairman of the board of CBS and there are many other men of our age that are doing that sort of job. The company agreed to pull that advertisement off the screen.

Thank you very much. May the Lord continue to bless you with good health and great spirit.

Ms. KUHN. Thank you, and you have been most gracious to us.

The CHAIRMAN. The next group of witnesses is the Adair Family. Dr. Alvis Adair, professor of social work at Howard University, is

with us today. He is accompanied by his wife, two children and mother—all who live together here in Washington, D.C. Dr. Adair will act as the spokesperson for the family.

Doctor, we are pleased to have you and we will be glad to have your statement. We want to have a chance for the members to ask questions. We would appreciate it, Mr. Adair, if you have a written statement, we will put it in the record for you and then insofar as you can summarize your statement verbally and then let us talk to you about it, we would appreciate it.

STATEMENTS OF DR. ALVIS V. ADAIR, SR., PROFESSOR OF SOCIAL WORK, HOWARD UNIVERSITY, TESTIFYING ON BEHALF OF THE DISTRICT OF COLUMBIA COMMISSION ON AGING, ACCOMPANIED BY SERETA ADAIR, MOTHER; DELORIS ADAIR, WIFE; ALMAZ ADAIR, DAUGHTER; AND ALVIS ADAIR, JR., SON, OF WASHINGTON, D.C.

Dr. ADAIR. I would like to say that we have with us today my mother, Sereta Adair, who is 75 years old, and my daughter, Almaz who is 10 years old; my wife, Deloris Adair and my son, Alvis, Jr., who is 5.

We had prepared written testimony, sir, but we will comply with your indication here.

The CHAIRMAN. Without objection, your written statement will be carried fully in the record.

Dr. ADAIR. What I would like to do at this time is to permit my daughter to present her testimony which may take a little longer than mine. All the rest of us would be a half minute.

The CHAIRMAN. Almaz, we are glad to have you make your statement.

STATEMENT OF MISS ALMAZ SANDE ADAIR

Miss ALMAZ ADAIR. Mr. Pepper and members of Select House Committee on Aging, my name is Almaz Sande Adair, a 10-year-old fifth grader of the Whittier Elementary Public School of the District of Columbia. I live at 711 Quackenbos Street NW, Washington, D.C. I live in an extended family with my father, Dr. Alvis V. Adair; my mother, Mrs. Deloris Adair; my 5-year-old brother, Alvis Poro Adair, Jr., and my 75-year-old grandmother, Sereta Reid Adair.

I consider it a great honor to have this unique opportunity to testify before you and this distinguished Committee on Aging. I am also grateful for Mrs. Juanita Thornton, who has dedicated herself to looking out for the interest of our senior citizens. As chairwoman of the District of Columbia Commission on Aging, we know her as the "Champion of the Elderly."

I have lived under the same roof with my grandmother since birth or since July 19, 1969, or 24 hours before the historic moment when man first stepped on the surface of our moon. Therefore, I have no real concept of a family home life without a grandparent.

Given the uniqueness of my personal family life, I have decided to include the input of some of my friends, some of which—28—also live in extended families with grandparents.

My definition of an extended family is one that consists of two parents or one parent with children and a grandmother, grandfa-

ther or elder aunt or uncle, all of whom live under the same roof together. They sleep, eat, love, and relate as a single family unit.

Now, I want to give you some observations based on my personal experiences in my extended family and those of my friends as reported to me.

First of all, the grandparent is a link to the past history of the family. Our grandparents tell us about the olden times. They talk to us about the kinds of work that our families used to do; such as picking string beans, strawberries, washing clothes, feeding chickens, ducks, pigs, and horses. They tell us about getting water from the wells, ways of cooking food and the long distances they they had to walk to school each day.

In addition, they constantly remind us of how to behave and how they used to behave and the serious consequences of misbehaving.

The results of my survey are given in a summary report which you will have.

I conducted a small study. The study was designed to find out how many grandparents function in the home with their children.

[The survey follows:]

A SUMMARY REPORT—A PILOT SURVEY OF CHILDREN'S VIEWS OF THE GRANDPARENT LIVING IN THE EXTENDED FAMILY

(By Almaz Sande Adair, Fifth Grader and Grandchild, Whittier Elementary Public School, District of Columbia, Washington, D.C.)

INTRODUCTION

All living creatures enter the world as a part of a family, regardless of their species. Every living creature has a way of communicating and enjoying itself. As we know, we communicate by talking. But there are somethings that we can't just find out by talking. Our grandparents know things because they are like telephone call-in-centers. We are also lucky having grandparents in the home because we can find out about things happening before anyone in the family or neighborhood.

STATEMENT OF THE PROBLEM

The study was designed to find out how many grandparents live in the homes with their children.

METHODOLOGY

Sampling

The subjects used in this study were 72 children in the fifth and sixth grades at Whittier Elementary School in the District of Columbia public school system. There were two fifth grade classes and one sixth grade class. These particular classes were picked because they were available at the time. Only one brother from the same family was included in the study.

Data collection procedure

The principal gave me permission to give the survey to the three classes when I found available time so I could give the survey to the classes without complication. I passed the survey out to the students in each class and their teachers collected the completed forms and gave them to me.

INSTRUMENT

The instrument consisted of five questions. These questions were developed with the help of a social psychologist. The questions were:

1. Is there a grandmother, grandfather, older aunt, uncle, or cousin living in your house?
2. Does your grandparent or older relative tell you about old times or the ways the older people used to behave or do things?
3. Who babysits with you or takes care of you most when your parents go out to shop, meetings, or to work?
4. When all your aunts, uncles, cousins and your parents come together in one home, all your relatives meet where?

5. If your grandparent lives with you in your home, please check all the things he/she does.

——Help you understand and solve problems
——Making children mind or behave
——Cooking
——Washing/ironing
——Cleaning the house
——Sewing
——Babysitting
——Saying nice things about you
——Shopping for food
——Combing children's hair
——Making me happy
——Telling you about old stories, old songs
——Playing with you
——Helping you with your homework
——Putting you to bed
——Caring for you when you are sick
——Fixing the yard outside
——Saying prayers

Draw a picture of your family on the back of this sheet. Label your parent or parents, grandparents, and brothers and sisters.

RESULTS

The results from this survey are presented in the form of tables of numbers and percentages.

The data in table 1 show that 37.4 percent (28) of the students had either a grandparent or elderly person living in their homes and 62.6 percent (44) had no grandparent or elderly person living in the home.

TABLE 1.—NUMBER AND PERCENT OF SAMPLE WITH/WITHOUT GRANDPARENTS OR ELDERS IN HOUSEHOLD

Type of living arrangement	Number	Percent
Grandparent or elder in household	28	37.4
No grandparent or elder in household	44	62.6
Total	72	100.0

The data in table 2 show that 64 percent or 18 of the subjects with grandparents or elders in their home indicated that their grandparents or elder babysat them when left home. On the other hand, subjects without grandparents were babysat by only 30 percent (or 13 of 44) of the time. Clearly babysitting is done by grandparents or elders in extended families. Without the grandparent or elder in the home, babysitting is done by big brothers or sisters.

TABLE 2.—NUMBER AND PERCENT OF CHILDREN INDICATING WHO BABYSITS THEM WHEN PARENTS LEAVE THEM HOME

Who babysits them	Grandparents live in home		No grandparents in home	
	Number	Percent	Number	Percent
Big sister/brother	2	7	21	48
Grandparent(s)	7	25	5	11
A Friend/neighbor	3	11	5	11
An older aunt, uncle, or cousin	11	39	8	19
No response	5	18	5	11
Total	28	100	44	100

TABLE 3.—NUMBER AND PERCENT OF RESPONDENTS SAYING WHETHER OR NOT GRANDPARENTS TELL THEM ABOUT THE OLDEN TIMES

	Grandparent lives in home		No grandparent in the home	
	Number	Percent	Number	Percent
Yes, grandparent tell about olden times	24	86	38	85
No grandparents do not tell about olden times	4	14	4	8
No response	0	0	2	7
Total	28	100	44	100

The data in table 3 show that grandparents tell their grandchild about old times in both the extended family (86 percent) and the nuclear family (85 percent).

TABLE 4.—NUMBER AND PERCENT OF CHILDREN INDICATING AT WHOSE HOUSE THE ENTIRE FAMILY AND RELATIVES GATHER

Where family gatherings are held	Grandparent(s) lives in home		No grandparent(s) in the home	
	Number	Percent	Number	Percent
At the child's house (respondent) or grandparent's house	23	82	34	74
An older aunt, uncle, cousin	3	11	7	9
No response	2	7	3	7
Total	28	100	44	100

The data in table 4 show that a larger percentage of the subjects with grandparents or elders living with them had family gatherings where grandparent or elders live (82 percent) than in nuclear families (74 percent). In the cases of both the extended and the nuclear families, large family gatherings tend to be held where grandparents live.

TABLE 5.—*Number of young children indicating what grandparents do in the household*

[Grandparent lives in home (N=28)]

1. Caring for you when you are sick	17
2. Saying nice things about you	17
3. Helping you to understand/solve problems	18
4. Making me happy	16
5. Making children mind or behave	16
6. Playing with you	12
7. Saying prayers	13
8. Telling old stories/songs	11
9. Helping with homework	16
10. Babysitting	12
11. Combing hair	9
12. Putting to bed	17
13. Cleaning	19
14. Shopping	18
15. Cooking	17
16. Washing/Ironing	15
17. Fixing the yard	13
18. Sewing	10

Each of the 28 subjects in extended families were asked to check each task in Table 5 that their grandparents do in their house. It can be seen that grandparents generally do many things in the household. There is very little "putting them to bed" by grandparents and somewhat less "hair combing." Among the most frequent task performed by grandparents are: (1) Helping to solve problems or understand things; (2) Shopping; (3) Cleaning; (4) Cooking; (5) Washing/ironing; (6) Saying nice things about you; (7) Caring for you when you are sick; (8) Making me happy; (9) Making children behave; and (10) Helping with homework.

So grandparents are great to have around.

Miss ALMAZ ADAIR. Grandparents do more than merely inform us about the history of our families and life in America during olden times. They are helpful in keeping the households of their children and grandchildren in order. For example:

Grandparents in the extended family babysit and clearly disapprove of all misbehavior. I asked my little 5-year-old brother, Alvis, Jr., "Why he likes his grandmother living with us?" He replied, "She takes care of me." This simple statement means much more than babysitting and much more than he can express verbally.

I also asked them to draw a picture of their families on the back of a sheet and label their parent or parents, grandparents and brothers and sisters.

The results from this survey are presented in the form of tables of numbers and percentages. The data shows that 37.4 percent of the students had either a grandparent or elderly person living in their homes and 62.6 percent had no grandparents or elderly person living in the home.

The data shows that 64 percent of 18 of the subjects with grandparents or elders in their home indicated that their grandparents or elders babysat them when left home alone. On the other hand, subjects without grandparents were babysat only 30 percent of the time, or 13 of 44. Clearly babysitting is done by grandparents or elders in the extended family. Without the elder or grandparent in the home, babysitting a done by big brother or sister.

Grandparents tell their grandchildren about old times in both the extended family, 86 percent, and the nuclear family, 85 percent.

Each of the 28 subjects in the extended families were asked to check each task their grandparents do in their house. It can be seen grandparents do many things in the household. There is very little putting them to bed by grandparents and somewhat less hair combing.

Among the most frequent tasks done by the grandparents are helping to solve problems or understand things, shopping, cleaning, cooking, washing, ironing, saying nice things about you, caring for you when you are sick, making you happy, making children behave, helping with homework. So grandparents are great to have around.

Now I want to summarize observations based on my personal experiences in my extended family and those of my friends.

First of all, the grandparent is a link to the past history of the family. Our grandparents tell us about the olden times. They talk to us about the kinds of work that our families used to do such as picking string beans, strawberries, washing clothes, feeding chickens, ducks, pigs, horses. They tell us about getting water from the well, ways of cooking food, and the long distances that they used to have to walk to get to school each day.

In addition, they constantly remind us of how to behave and how they used to behave and the serious consequences of misbehaving.

It is generally true that home is generally where grandmother or grandfather is, where aunts, uncles, cousins, and in-laws flock to celebrate birthdays, especially grandmother's birthday. Grandparents help us with our homework assignments, such as spelling,

math, and doing homework problems, or bug us to death about doing well in school.

Of course, it is always a good feeling to reflect that while in school, grandmother is at home watching the soap operas.

I might mention that our mothers and fathers are not perfect. So there are times that our parents and grandparents have some hot arguments or debates over certain problems that affect us, our parents and the entire family. Our grandparents are often directly or indirectly in the picture, often keeping everyone in line.

There is some potential for gossip in everyone, especially among grandparents who have nothing but time on their hands. Therefore, they often serve as a telephone line in the households of our relatives as well as those of our neighbors. We keep in touch with relatives and the good things or problems that they may be experiencing. Often families are able to secretly assist each other because we learn of problems before they become too serious. Thus, grandparents are much like telephone call-in centers.

Few of our families are perfect. So is the case of the extended families with grandparents. Certainly our grandparents and elders do not move, act, think, or change their ways as rapidly as younger people do. Nor do they have the vigor that we have. However, we must remember that their longevity and years of broad experiences have made them more stable and wise.

Their many years of service and sacrifices give them the right to forget a few times more than usual, to take more time to eat, dress, wake up or to move around, to get on and off the buses, to count their money when making purchases, or to be a little moody most of the time.

In spite of all these special age-related matters, the extended family gains more than it loses with the presence of the grandparent.

In conclusion, the combination of youth and age makes for a more stable and happier family unit. Unfortunately, many children cannot afford to keep their elders in their homes with them. It may be a good thing if such families would be given support so that all grandchildren would be able to learn, eat, sleep, and play with their grandparents every day and every night of the year.

I would like to leave a poem with you, Mr Claude Pepper, and the committee. The poem expresses the main points of my testimony:

> Grandmother is always here
> Giving love everywhere
> Her heart is full of love and grace
> Of love and grace and happiness
> To have a grandmother I have been blessed
> Just to think I'm a grandmother-to-be
> That's what grandmother means to me.

I would like to acknowledge some of my friends who have come to see me testify. My aunt, Miss Joyce Adair; my teacher, Mrs. Shields; my principal, Mr. Anderson; one of my church members, Mrs. Moran; and my minister, Reverend Harris.

Thank you. It has been a pleasure to appear before this distinguished committee. This ends my testimony.

The CHAIRMAN. Well, Miss Adair, that is very good. It is very interesting to have you. You make a fine witness today and you

have made a beautiful statement and you exhibited the delight that you have in your wonderful extended family. You love your family, don't you?

Ms. ALMAZ ADAIR. Yes.

The CHAIRMAN. And you enjoy life being with them, do you?

Ms. ALMAZ ADAIR. Yes.

The CHAIRMAN. You are very fortunate having your mother and father with you. There are a lot of girls your age that don't have that good fortune, only one parent would be with them. Many young ladies don't have the gratification of having the grandmother to be a member of the household to learn from her wisdom.

So you are a strong advocate as a witness for the extended family, aren't you?

Ms. ALMAZ ADAIR. Yes.

The CHAIRMAN. You are a very bright young lady and we wish you a very long and happy life.

Ms. ALMAZ ADAIR. Thank you.

The CHAIRMAN. I am sure you will have a happier life because you are keenly intelligent, you have an attractive personality, you have fluency of speech, you have a good presence, and I am sure you have the determination to work hard and make a success of your life and make it meaningful to other people.

Ms. ALMAZ ADAIR. Yes.

The CHAIRMAN. Thank you very much. We are very proud to have your statement. We are grateful to you for coming here today. We are especially pleased that you have your friends and your aunt and your teacher and minister and all who are here today.

Ms. ALMAZ ADAIR. Yes.

Dr. ADAIR. Yes, sir.

The CHAIRMAN. All who are in any way connected with Almaz Adair stand up. I would like to be able to see who you are.

The CHAIRMAN. That is wonderful, very good. You have a fine, large family, too, admirers and friends. That is a wonderful thing. That is the way it should be. I can see you are going to be a great lady in our country.

Doctor, you may go ahead now.

Dr. ADAIR. Yes, sir. There are certain things I guess I would never be forgiven for if I didn't——

The CHAIRMAN. Excuse me. Mr. Gudger, would you like to ask any questions of Miss Adair?

Mr. GUDGER. No, not at this time. I am certainly impressed by this brilliant young lady. I would like to have the testimony of the other members of the family.

Dr. ADAIR. I would like you to permit the senior in our household, my mother, my wife's mother-in-law, my children's grandmother, Mrs. Sereta Adair, who has a statement she would like to read briefly.

The CHAIRMAN. What is your name please?

Mrs. SERETA ADAIR. Sereta.

The CHAIRMAN. Mrs. Adair, we are delighted to have you. We will welcome your statement.

STATEMENT OF SERETA SALVAGE ADAIR

Mrs. SERETA ADAIR. Mr. Pepper and committee members, I am Sereta S. Adair, a 75-year-old mother of 8 children, 5 sons and 3 daughters, the grandparent of 22 children and 3 great-grandchildren. Fortunately, I have lived with my children and their husbands or wives for approximately 20 years. I have eight homes where I can live at any time. I feel at home at each one of them.

I go from house to house to live or visit as I wish. My children come to pick me up and return me to my son's home at 711 Quackenbos Street. I have taken care of some of my grandchildren from birth. I travel in the car with Alvis, Deloris, Almaz, and Alvis, Jr. to visit my other children in Baltimore, in North Carolina, or wherever my son and his family go. I am invited and I go on family vacations.

My children have celebrated my birthdays for the last 15 years. All my relatives, friends, and neighbors have attended. I do my share in the household. I do not have to worry about getting around. I can still catch the buses and taxicabs. My son sometimes drives me around towns to shop or to the clinic.

I do not have to worry about food, a warm and decent place to live, or company. My grandchildren keep me busy and happy. I think that all my friends should be able to live with their children and grandchildren.

Thank you very much. This ends my testimony.

The CHAIRMAN. Thank you very much, Mrs. Adair. You bring memories back to me. Until they passed away, respectively, my mother and father lived with my wife and me in Tallahassee, Fla. I know what a joyful experience that was.

When I was growing up as a boy, my mother's father lived with my family and what a comfort that was, what a great delight that was to have an older member of the family with us. So we are delighted to see this extended family that you have.

Now you have enough to keep you young. You have your fine son. You are proud of him for the success he has made as a doctor and a citizen of the community, a lovely daughter-in-law, his wife. Then you have this very delightful young lady, Miss Almaz, who has just given such excellent testimony. There is another young man there. I see he is very much alive, too. They give a great deal of pleasure, don't they?

Mrs. SERETA ADAIR. Right. Of course, I was raised with my grandmother and grandfather. They also used to live with me. So I stayed with a family.

The CHAIRMAN. Keeps you from being lonely?

Mrs. SERETA ADAIR. Right.

The CHAIRMAN. Gives you something to do?

Mrs. SERETA ADAIR. Something to think about, right.

The CHAIRMAN. You have the help, advice and counsel of your son and the rest of your family in case they have any suggestions to make?

Mrs. SERETA ADAIR. Right.

The CHAIRMAN. You help rear the children. I know with what concern the grandparents always look upon the grandchildren and try to help them in every way that they can. So that keeps you busy, too, doesn't it?

Mrs. SERETA ADAIR. That is right. I go around from Baltimore and California, with one daughter in California, three children and a husband. So I visit from one place to the other taking care, trying to give good advice.

The CHAIRMAN. You know, we don't have enough, it seems to me, cases like yours where parents live with the children. I thought President Carter made a very significant statement one time. He said: I have never understood why two parents can rear 10 children but 10 children can't take care of 2 parents. I am glad to see your son is one of those who wants to take care of his mother. He is not complaining about it.

Are you happy to have your mother-in-law?

Mrs. DELORIS ADAIR. There are many songs about mother-in-law. I would like to make my statement now.

STATEMENT OF DELORIS WASHINGTON ADAIR

Mrs. DELORIS ADAIR. My 75-year-old mother-in-law has lived in my house for 13 years. Presently, I am a teacher at Mamie D. Lee School for the severely and profoundly retarded of the District of Columbia public schools. During my 18 years of teaching, I have taught school in Durham, N.C.; St. Croix, V.I.; Liberia, West Africa; Ann Arbor, Mich.; Columbia, S.C.; and the District of Columbia.

As you can see, my career has consumed a disproportionally high amount of my time and energy, thus leaving less time for my household and child care responsibilities. The demands of my husband's profession on him have been even greater. I must confess that my 75-year-old mother-in-law has been invaluable in helping my husband, children, and me to weather the usual pitfalls of combining professionalism and home life.

As you are aware, the ERA movement has direct implication for the traditional role of the female as manager of the household and child care. Whether motivated by any particular movement or the assured evolution of greater equity in the male/female role structure, the female parent role is taking on new dimensions. The stresses and demands of professional life in our changing society plus full-time house management and child care would appear to be too much of an ordeal. No less is the ordeal for our spouses.

Therefore, we need to come to grips with the conflict between professional and home life for both husbands and wives. The extended family offers a viable model that benefits both the parents and grandparents.

My extended family has been and is successful in avoiding the pitfalls of the strife of the professional/home life dilemma. My husband and I have never had the usual problems of household and behavior management or job absence due to childhood illness or parent burnout or restraint on our mobility due to child care responsibilities.

I will now give you some examples of how my 75-year-old mother-in-law has effectively functioned in our extended family household.

In our absence, she has provided continuity in household routines and behavior management. In return, this gives her the opportunity to exercise parenting roles and personal authority, thus maintaining her sense of importance.

In our presence or absence, my husband and I feel secure that our children and home are in good hands, like All State. In return she feels secure in knowing that there is always a concerned network of persons available to her, thus precluding loneliness and isolation. The family members are company for each other at all critical times, such as evenings, nights, weekends, holidays, inclement weather, sad moments such as death or sickness of her sisters or close friends, or when she is experiencing states of depression.

In the area of role sharing, she washes dishes when I cook or vice versa. She starts meals early in the day when I expect to arrive home later than usual. She completes house cleaning and dishwashing. She shares in clearing and taking care of the yard.

In conclusion, everyone comes out a winner in the extended family. The government also wins. Clearly, we can take care of our parent much cheaper and better than a public funded senior citizen home or center. Our families are under serious stress and struggle and need help to carry out their inherent mandate, to take care of all of its members, including our elders.

Thank you very much. This ends my testimony.

The CHAIRMAN. Thank you very much, Mrs. Adair.

Doctor Adair can you now summarize yours. We see what a wonderful family you have.

STATEMENT OF DR. ALVIS V. ADAIR, SR.

Dr. ADAIR. I would like to say we offer the extended family as the alternative. What we are requesting is that legislation be initiated.

I am testifying on behalf of the Commission on Aging of the District of Columbia and my family here. We would say that legislation should promote and encourage families to stay together by:

One, providing such things as low interest loans to these families so that they can make different changes within the structure of their home to accommodate the elderly;

Second, that the emergency assistance, direct payments, and other forms of assistance be provided to those families that is equivalent to the amount or proportion of that individual to that family. Simply put, if my family has five people, my mother constitutes one-fifth. If it takes $20,000, to run my household, then $4,000 in SSI, SSS, emergency assistance would be provided to that family.

We also recommend that under the title XX position of the Social Security Act, we would recommend that specific funds be allocated and designated for the aged in the area of social services.

Again, Mr. Pepper and members of the committee, we are most grateful to have had this opportunity to present before you. our testimony.

[The prepared statement of Dr. Adair follows:]

PREPARED STATEMENT OF ALVIS V. ADAIR, SR., B.S., M.S., PH. D., LL.D., MEMBER, COMMISSION ON AGING, WASHINGTON, D.C.

Congressman Pepper and Members of the Distinguished House Select Committee on Aging, my name is Dr. Alvis V. Adair, Sr. I have the honor of testifying on behalf of the District of Columbia Commission on Aging which is chaired by Mrs. Juanita Thornton. I am the household head of an extended family with a wife. a 75 year old mother and two children.

I received my bachelor's and master's degrees from Virginia State College in Petersburg, Virginia and my Doctor of Philosophy degree from the University of Michigan at Ann Arbor, Michigan. I was awarded the Honorary Doctor of Laws degree from Monronia College of Liberia, West Africa. A licensed psychologist in the District of Columbia, my formal training has been in pyschology and specifically in social pyschology.

I am currently a full professor in the School of Social Work at Howard University, an institution to which the Congress has been extremely supportive. During my brief career of approximately 17 years, I have served as the College President of Allen University, a 109 year old historically Black university in Columbia, South Carolina. My wife and I served three years as Peace Corps Volunteers in Liberia, West Africa and I have traveled to some 30 foreign nations.

During my travels in Africa and Caribbean countries, I have witnessed that the extended family is still the primary family model in these regions of our globe. My research and observations on family life in our nation, the United States, had led me to view the extended family as the most viable network for maintaining and building a stronger and healthier people for our sophisticated society.

Litwak (1960) recognized the increasingly weakening kinship ties in the American family, but introduced the idea of the "modified extended family" in our modern society. He argues that families are still tied together by mutual assistance of various forms.

Irvin Roscow writes that "The isolated nuclear family is a myth" (P. 341). A survey conducted in Detroit by the renowned Survey Research Center (1955) at the University of Michigan revealed that only 11 percent of the sample families were without some kin in the household.

The District of Columbia Commission on Aging, like Commissions on Aging around the country, is struggling with the problems of the elderly. The primary enemy of our senior citizens is the unresponsiveness of institutions and legislative structures toward the elderly. This unfavorable attitude toward the elderly has even infiltrated the minds of the offsprings of families of the elderly. We need to have an "attitudinal reformation" concerning our elderly. Our thinking, planning, and investing must be realigned with the past when the elders were an "ingroup." Our senior citizens are no longer to be regarded as an "outcast" group or as a societal liability.

Our failure to adequately meet the needs of our aged may not, however, be entirely a reflection of insensitivity or outright disregard for this subgroup. Rather, it may be our unyielding (sometimes blind) adherence to the value configurations of individualism, privacy and utilitarianism. This increasing individualism has attenuated kinship ties to the extent that our own "blood and flesh" often becomes a stranger in our personal, social and psychological space. Far too often even children are regarded as intruders on the privacy of their parents. Too often we attempt to get rid of anything or anyone that does not show some practical usefulness. Therefore, we demolish old historic buildings and we store our elders in centers, institutions, and senior citizen homes to live empty lives until death.

Unfortunately, our federal policy and programs do little to reverse the weakening kindship bonds by failing to strengthen the "hands" of the natural family and restore control to its members.

As a first step, the government must no longer ignore the fact that a huge percentage of our elders is cared for in the households of their children; the extended family. For too often these families take care of their elders at great costs and strain. Yet these strained families refuse to forsake their elders. Since this service is provided at a sizeable cost-saving to the government, why does not the government support such families so that these and thousands of other extended families can continue to do a better job at a more economical level.

The data show that while older persons prefer to be independent of their families, they expect their children to come to their aid when they can no longer take care of themselves. These expectations are usually met. The older and sicker the old person, the more likely the person is to be found with a child. "In 1970, of all persons age 75 and over, one out of five women and one out of ten men were living with a child" (p. 15).[1]

Whether this direct caring role by children for their parents or grandparents continues will depend on economic factors and the extent to which the government joins with these families and does its share.

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[1] U.S. Department of Health, Education, and Welfare, Public Health Service, National Institutes of Health, "Report of the Panel on Behavioral and Social Sciences Research," No. NIH 78-1444, p. 15.

There is absolutely no grounds for viewing direct public support to needy families (whether an extended family with an elderly person's or the elder's own primary family with his/her spouse) as a form of government "intrusion" on the privacy of the individual or family. The family unit and its members must be preserved and its growth fostered.

Simply put, our government must help families carry out their cardinal function for society, namely caring for its members. No other institution can fulfill this function as effectively and as economically as the family. To ignore this truism and do otherwise is tantamount to self-destruction. Our national policies must be singular on their focus: to encourage families to take care of their elders and remain together.

Dr. Andrew Billingsley, a noted Black social scientist in his book "Black Families in White America," gives special attention to the extended family in his discussion of the 12 forms of the Negro family in the United States (see table below).

NEGRO FAMILY STRUCTURE

Types of family	Household head		Other household members		
	Husband and wife	Single parent	Children	Other relatives	Nonrelatives
Nuclear families:					
I. Incipient nuclear family	X				
II. Simple nuclear family	X		X		
III. Attenuated nuclear family		X	X		
Extended families:					
IV. Incipient extended family	X			X	
V. Simple extended family	X		X	X	
VI. Attenuated extended family		X	X	X	
Augmented families:					
VII. Incipient augmented family	X				X
VIII. Incipient extended augmented family	X			X	X
IX. Nuclear augmented family	X		X		X
X. Nuclear extended augmented family	X		X	X	X
XI. Attenuated augmented family		X	X		X
XII. Attenuated extended augmented family		X	X	X	X

Source: Andrew Billingsley's, "Black Families in White America," p. 17

As Billingsley notes, a wide range of relatives or non-relatives may be brought into the primary family unit. Such members of the family play integral roles in helping the family social system to fulfill its internal and external affairs (Parson, Talcott, "The Social System," Free Press: New York, 1951).

Dr. Andres Billingsley comments in this book, "Black Families in White America," that: "In Ashanti, for example, the grandparents on both sides are the most honored of all one's kinfolk . . . grandmothers . . . exercised great influence and responsibility in the care and protection of children." (p. 47).

"No tree can get up and leave its roots and live." Likewise, no society can survive and thrive if that society forsakes its parents. For it would be like stripping a skyscraper of its foundation, it is doomed to crumble.

Evelyn Millis Duvall (1970) in her book "Faith in Families" has a chapter entitled "Recognizing Grandparents as Persons." (pp. 134-144). Duvall discusses the "giving and receiving" roles of grandparents. That is, they not only "receive" help from their children and relatives, but they also "give" help. Marvin B. Sussman (1959) reported in a paper that the grandparent shares goods and services in practically all middle class families and in some 93 percent of the working class families.

Among the ways that senior citizens and their relatives assist or serve each other are (as reported by Duvall, p. 138):

(1) Shopping; (2) Escorting; (3) Caring for children; (4) Assisting with household tasks; (5) Sharing vacations and trips; (6) Providing shelter on a longtime or overnight accomodation basis; (7) Helping with job hunting and vocational assistance; (8) Performing the family supportive functions expected at weddings, during crises, death, accidents, disasters, and personal trouble of family members.

Interestingly, grandparents give more financial assistance than they receive from their children (Duvall, PTA Magazine, 56, No. 8, April 1962). Alvin L. Schorr, a family life specialist (1963), reporeted that only 5 to 10 percent of grandparents received cash contributions from children with whom they live.

In my personal family situation, my mother has literally never asked me for any money in the 13 years that she has lived with me. I have voluntarily given her small gifts. On the other hand, I have requested and received cash ($5, $10, or $20) from her on several occasions. Unfortunately, I sometimes forget to repay her until I have to again borrow some small change.

Clearly grandparents and elders have not "thrown in the towel." For their characters are built of solid rock.

Grandparents or elders constitute a huge and an extremely significant social, economic and political bloc in the American social structure. No longer can we ignore our "roots" embodied in the aged or our society. "The over 65-year-old group is expected to increase in size from 23 million in 1976 to 32 million in 2000, and then to 45 million by 2020 . . . so that in the year 2000 there will be about 17 million persons 75 and over, and about 5 million who are 85 and over." (p. 1)[2]

While the total United States population increased 2.5 times from 1900 to 1970, the number of persons age 65 and above increased 7 times during the same span of 70 years (p. 9).[3] "Persons age 65 and over now constitute about ten percent of the total population, but over the next 50 years, they are expected to make up between 12 and 16 percent. there are now about four persons under age 20 for every one person over age 65. If zero population growth were to be reached . . . within the next 50 or 60 years and then maintained, the ratio would become 1.5 to 1." (p. 1)[4]

The following paradigm depicts the universe of services available to the aged of our nation. It should be noted that the family is almost totally excluded from the entire spectrum of service delivery. (DHEW, 1974)[5]

A. Source of support.—(1) Public or tax support; (2) Private, non-profit, eleemosynary settings; (3) Private or commercial-for profit setting.

B. Type of orientation of settings.— (1) Health oriented facilities; and (2) Social work oriented agencies.

C. Types of functions: (1) Rehabilitation; (2) Counseling; (3) Custodial; (4) Nursing care; (5) Housing (for independent living); (6) Social; (7) Education; and (8) Protection.

D. Type of functions by numbers.—(1) Group "face-to-face" relationship; (2) Group relationships; (3) Community planning.

E. Who is served.—(a) Aged person in public facilities; (2) Aged person in private group facilities; (3) Aged in non-resident type health and welfare agencies.

F. Major problem to be resolved.— (1) Economic problems; (2) Vocational problems; (3) Social problems; and (4) Psychological and health problems.

G. Kinds of resources necessary to meet special problems.— (1) Economic; (2) Vocational; (3) Social; and (4) Psychological and health problems.

Whether the issue is one of legal supervision, provision of services or planning of short- or long-term care for the aged, the natural family members or units are ignored as a viable alternative for addressing the housing and supervisory needs of aged family members.

RECOMMENDATIONS

The District of Columbia Commission on Aging recognizes the need to exercise utmost prudence in using tax dollars. Therefore, we wish to recommend one cost/savings alternative for meeting the needs of our older parents and grandparents.

The Commission recommends that legislation be formulated that would encourage the extended family, specifically to include elderly parents, grandparents, aunts, uncles, cousins, and/or elderly persons who are not relatives. Such legislation would provide for, but not be limited to the following:

1. Provision of low interest loans for renovations and extensions to make available the necessary space and living arrangements suitable for senior citizens.

Generally, these low interest loans would be made available for renovations, extensions or the acquisition of larger housing or apartments and not for consumerables, such as food, clothing, travel, or entertainment.

2. Legislation should be initiated where emergency assistance, social services and payments (SSI, SS, etc.) provided for extended families would be proportionate to the functional part of the senior citizen in the total cost of operating the household. For example, the total cost of operating a household of four persons including the senior citizen, would constitute 25 percent or one-fourth of the household expenses.

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[2] U.S. Department of Health, Education and Welfare-Public Health Service, National Institutes of Health, Special Report on Aging: 1979, NIH Publication No. 80-1907, February 1980, p. 1.

[3] *Ibid.*, NIH Publication No. 78-1446, p. 9.

[4] *Ibid.*, NIH Publication No. 78-1444, 1978, p. 1.

[5] DHEW, Health Resources Administration, Working with Older People, Vol. III.

The proportion of cost in dollars would be $7,000. Therefore, the total amount of $7,000 would be provided to the extended family in the forms of social services, emergency assistance and/or payments.

As a person with an extended family with my mother, I would not even consider outright payment for taking my mother into my household. It is counter-practice to request or receive payment for taking care of ones "flesh and blood." On the other hand, there is a need for some form of specialized support to alleviate undue financial stress and strain on lower income families. To advocate that an already financially troubled family take in an additional member would be counter-productive; if not destructive for younger couples, that is, without some outside financial support.

Clearly many families would love to bring their elders into their homes, but do not have the space or additional funds for food, transportation or supportive services.

I thank you, Mr. Pepper and the Members of the Select Committee, on behalf of Mrs. Thornton and the members of Commission on Aging for the District of Columbia for the opportunity to share our views with you. The members of my extended family are also grateful to you. This ends my testimony. Thank you.

The CHAIRMAN. Thank you very much, Dr. Adair.

We have a vote up on the board. Dr. Adair, we are grateful to you. We will have to run over and vote.

Dr. ADAIR. I understand.

The CHAIRMAN. We do appreciate your coming and bringing this fine family and those suggestions of yours.

Do you have any questions?

Mr. GUDGER. No, sir.

The CHAIRMAN. We appreciate those suggestions and we will take them into account.

Dr. ADAIR. Thank you.

The CHAIRMAN. Thank you. Sorry we didn't get to hear the young man.

Master ADAIR. Hello.

The CHAIRMAN. I am sorry, we have to go over and vote. We will come right back.

[Brief recess.]

The CHAIRMAN. Now, will the Price family please come forward.

We are very glad to have all of you with us today. If any of you have any prepared statements we would appreciate it if you would let us put them in the record and summarize them.

STATEMENTS OF HERBERT PRICE, ACCOMPANIED BY GERTRUDE PRICE, WIFE; GERTRUDE DEEDS, DAUGHTER; AND NANCY DEEDS, GRANDDAUGHTER, OF CHEVY CHASE, MD.

Mr. PRICE. We do not have anything prepared.

This is my wife Gertrude; this is my daughter, Mrs. Gertrude Deeds, and this is my granddaughter, Nancy Deeds.

The CHAIRMAN. You have a very fine family.

Mr. PRICE. They are a grand family. We are all a family. What I mean is I have 13 grandchildren but they are all family.

The CHAIRMAN. You are a rich man.

Mr. PRICE. Not a rich man.

The CHAIRMAN. You are a rich man to have that great a family.

Mr. PRICE. And I am more than appreciative. I live for it every day. We keep ours together I think with the act that each one of us—I have four children and each one of them takes a holiday. One takes Thanksgiving, one takes Christmas, one New Year's, one Easter. We all must be there. There is no maybe about it. It is run like an army, you know.

The CHAIRMAN. On those holidays you have the whole family with you?

Mr. PRICE. The whole family comes. Everybody pitches in. We live together, we eat together, we sleep together.

The CHAIRMAN. How many are in your immediate household?

Mr. PRICE. Just my wife and myself together but every week—this young lady is in the real estate business, so I give her a day off or we give her a day off——

The CHAIRMAN. Does your daughter work?

Mr. PRICE. Yes, she works.

Mrs. GERTRUDE DEEDS. This goes back 25 years.

Mr. PRICE. She has always been in our house. She always will be. But they come and eat with us every Sunday and she gives us the benefit of her company at night.

The CHAIRMAN. That is wonderful. Some of the happiest memories of my life are when my mother and father and my wife and I were living together many years. On Christmas Eve night we would always have a singing fest and a musical fest in our living room at home. My mother played the piano and she also played the violin. My sister played the piano and one of my brothers played the piano. All of them, including my father, sang very well. Then, of course, the grandchildren would gather around the piano and sing hymns and Christmas carols and something would be read, scripture, and other things.

All of us go back in our memory to our happiest times to be together with the family.

Mr. PRICE. Those kids of hers, if it snows, they are over there. If there is ground to be turned over, I have a little victory garden, they are there to turn it over. So it isn't all grandaddy and grandma. It is family. We work together, we sleep together.

The CHAIRMAN. It gives you a great strength to be together. You all derive strength from one another. Have you had any occasion that you might call a crisis and by the family working together you were able to work out your problems?

Mr. PRICE. Oh, yes. I think you have that in every family. They come and go as they do and we work them out together somehow or another. We have never had to take anybody in or nothing like that, you know what I mean, to live, because after they got their homes they were out, but I had them within calling distance for, I guess, 10 years.

Now they have pushed out a little bit but we are all within walking distance almost

The CHAIRMAN. It is wonderful to have a family. My wife passed away last year. It was a very painful experience for me. My mother and father passed away many years ago. Fortunately, I have two brothers and one sister and we have all been fortunate enough to live to a relatively ripe old age. My youngest brother is 62. My sister is 68. My next brother is 70 and I am 79. It means a lot to us to get together.

Mr. PRICE. You are a junior. I am 85. She is 84.

The CHAIRMAN. I can see why you stay so young with a wonderful family looking after you.

Mr. PRICE. I left school to go home to my father. He was paralyzed for the third time. He had a long life but not as long as mine.

He taught me a lot of things that I have been able to pick up and go on with.

The CHAIRMAN. Has your wife anything to say?

Mrs. PRICE. I would like to say that medicare isn't sufficient to help us with doctors' bills. When we make appointments with doctors we kind of figure—we sort of hesitate whether we will be able to pay those bills. That is one of the things I would like to do.

We want to live independently, and I think we would like to have our taxes go down a little bit. In order for us to keep our home it is really a little too high for us.

The CHAIRMAN. You are very happy with your wonderful family, aren't you?

Mrs. PRICE. Yes.

The CHAIRMAN. Those grandchildren mean a lot to you, I know.

Mrs. PRICE. Yes. They give us much pleasure. They certainly do. We have a chicken dinner every Sunday. Our house is open to them every Sunday. They have dinner with us and the children play out in the yard.

The CHAIRMAN. Do you have anthing to say?

Mrs. GERTRUDE DEEDS. I have seven children and this is why years ago, to give me a break, my parents decided I should have Sunday off. Having the same restless energy my parents have, I went to work and the tradition has held. My parents speak, I believe, for many, many of their friends who want their independence, who want to be able to stand by themselves and take care of themselves as much as they can. Of course, their families are there. They are the center, the head, the patiarch and the matriarch, and the younger families move out from them but we sure love to go home.

I do think the Federal Government is attacking families rather than assisting. There are many things. One is the definition of a family.

The second thing I would say is savings are extremely important to the elderly. They must have some cash so that they know that they are safe but inflation takes your money and makes it 15 percent less per year.

If your money is in a savings and loan—where it shouldn't be but perhaps it shouldn't be in a certificate of deposit either, because you can't get at it—your interest is 5½ percent. You end up with less money than you started in January but then again, you pay taxes on the 5½ so it is an attack on the family and their independence.

The value of homes is going up very much so taxes on the homes go up very much and that is a State problem, not a Federal problem, but my parents and their friends feel that they cannot remain in their home because $100 or $200 a month is going toward taxes alone. Most of these people are on social security.

The social security system has been extended from a pension plan to a plan where it will help everyone. I think these are extreme attacks on the family.

About my parents, back to that, they have an enormous contribution to make to the rest of us showing the independence and giving us our freedom and giving us so much in background.

The CHAIRMAN. I think you are right in your suggestion that the Government should really reconsider the whole tax structure with a view to making better provisions for the elderly people either through social security or through giving them exemptions from taxes, from other funds that come in, for example, pension funds.

I raised a question in the Rules Committee the other day with the chairman of the Ways and Means Committee, as to whether or not that committee considered the possibility of exempting all or part of pensions that are derived by people who are retired. Social security is exempt from taxation but pensions are not. Yet, they serve the same purpose and they are much akin in many ways.

The manner in which we finance social security, I think we should allow a person who is eligible for social security to receive the full benefit at 65 and then earn all he can thereafter without any dimunition in social security benefits. That way that person would receive a little more income.

Mrs. GERTRUDE DEEDS. My father worked until 83 in his own business.

The CHAIRMAN. Under our retirement law, which forbids anybody working for the Government to be retired on account of age, they can work longer and get their social security and have that as sort of a nest egg, that is one way of giving a little; then tax-exempting pensions would help more. I haven't figured out how much it would cost the Government to do that but there must be other ways in which elderly people who have dropped below the minimum level could be given some assistance. You heard the suggestion I made earlier about letting medicare pay a member of a family to care for an elderly person where they didn't have other family members to live with them, and it might be appropriate for certain family members who would need to earn income.

You have children but suppose you had to look after your mother and father. To look after them you would be giving up your job. You might be keeping them out of a nursing home.

Mrs. GERTRUDE DEEDS. That is an excellent suggestion.

Mrs. PRICE. We are plannng a family reunion this weekend and all the family is supposed to come there.

The CHAIRMAN. Isn't that wonderful?

Mr. PRICE. I worked until I was 83.

The CHAIRMAN. Good for you. You look young and vigorous. Don't be idle. Keep busy.

Mr. Price and Mrs. Price and Mrs. Deeds and Nancy. Nancy, do you want to make a statement? You have a happy home, do you?

Ms. NANCY DEEDS. Yes. I would like to say I love my grandparents very much and I look forward to seeing them every Sunday. They make me very special. They always have time to talk to me. If I need to talk to someone they are always there.

The CHAIRMAN. How fortunate your are. I hope you appreciate them.

Ms. NANCY DEEDS. I do.

The CHAIRMAN. Take full advantage of your happy home and love all of them all you can.

Thank all of you for being with us.

We have so many different duties, ladies and gentlemen. I have to go to the floor. Our able general counsel, Mr. Charles Edwards,

staff director of the Aging Committee, very able and knowledgeable in this whole field, will receive your testimony until I can return.

Mr. EDWARDS. Our next group of witnesses will be presenting testimony as a panel. We are pleased to have Dr. Elaine Brody. president of the Gerontology Society, and director of Human Services, Philadelphia Geriatics Center; Anna H. Zimmer, director, Natural Supports Program, Community Service Center of New York, accompanied by Dorothy Levy; and Gordon Streib, Ph. D., professor of sociology and faculty associate of the Center for Gerontological Studies at the University of Florida.

If you would provide us with 5-minute summary of your statement we will have the entire written testimony placed in the record.

STATEMENTS OF ELAINE BRODY, PRESIDENT, GERONTOLOGY SOCIETY, AND DIRECTOR OF HUMAN SERVICES, PHILADELPHIA GERIATRIC CENTER; ANNA H. ZIMMER, DIRECTOR, NATURAL SUPPORTS PROGRAM, COMMUNITY SERVICE SOCIETY OF NEW YORK, ACCOMPANIED BY DOROTHY LEVY; AND GORDON STREIB, PH. D., PROFESSOR OF SOCIOLOGY AND FACULTY ASSOCIATE OF THE CENTER FOR GERONTOLOGICAL STUDIES, UNIVERSITY OF FLORIDA

Ms. BRODY. Mr. Chairman and members of the committee, my name is Elaine Brody. I am the director of the Department of Human Services and a senior researcher at the Philadelphia Geriatric Center. I am also president of the Gerontological Society.

I am very pleased that my colleagues are here, including Dr. Streib, a vice president of the Gerontological Society. Fortunately, the sophistication of the committee is such that they covered a great deal of the material I was going to present.

This committee is knowledgeable about the dramatic demographic trends reflected in: One, ever greater numbers of people 65 or over; and two, a sharp proportionate increase among them of very old people, those 75 and over, who are most likely to need supportive services. By the year 2000, the number of people 85 and over will almost double, to about 3.8 million.

The changes in family demography are equally dramatic. The four-generation family has become commonplace, as we saw this morning. While it used to be relatively rare for a middle-aged person to have elderly parents, at present about one-fourth of people who are 58 to 59 years old have at least one surviving parent.

These changes mean that more middle-aged and "young old" people have many more "very old" parents. That is, the ratio of potential caregivers to those in need of care is changing radically.

In short, at the same time that the group of older people most likely to require supportive services is increasing, the proportion of primary caregivers is decreasing and those caregivers themselves are older. Adult children, therefore, are now called upon to provide care at a time when they are middle-aged and older, may be looking toward retirement, may have lower energy levels, and may be experiencing age-related interpersonal losses and the onset of chronic ailments.

Despite these realities that are stretching family resources, families are continuing to behave responsibly in caring for older people. Many streams of research on this subject have produced remarkably consistent findings.

I would like to emphasize, in view of some of the testimony this morning, the fact that with respect to the care of older people the American family has not broken down. Family relationships remain strong. Most older people live close to an adult child and see their children frequently, and family members are the ones who give the vast amount of care to old people in need of it.

The recent GAO study in Cleveland found that 90 percent of in-home services and transportation were provided by family members. In general, widowed older people look to daughters rather than sons when they need help and those daughters respond. In fact, the phrase "alternatives to institutional care" is a euphemism for daughters; families do not dump old people into institutions; such placements are made as a last resort when other efforts fail.

What our research at the Philadelphia Geriatric Center has indicated is that family members, when they are talking about themselves, agreed that families are responsible, but if they are asked whether families, in general, are abandoning their responsibility, they will say, yes, they are.

In other words, people say "we are behaving responsibly, but all those others out there are not."

There is not a shred of empirical evidence indicating that families are shirking their responsibilities in any way despite the vast increase in the demands made upon them. There is evidence, however, that families often pay a price for their care of very impaired older people. Research indicates that the stress may cause family members to have symptoms and problems such as depression, anxiety, physical symptoms, family conflict, loss of work time, and even negative effects on young children.

Concern is often expressed that the provision of services by the community would cause the family to reduce its caregiving activites. To the contrary, the evidence is that formal supportive services do not substitute for family services.

I am sure Ms. Zimmer is going to testify about that this morning so I will skip that part of my testimony.

The urgency of the need to assist the family is underlined by the broad social trend of the women's movement with the accompanying large-scale entry and reentry of women into the labor force. In 1940, only 11 percent of married women between the ages 45 and 54 were working; at present, 56 percent of married women of those ages are working and rates of unmarried women are even higher. More than 41 percent of women aged 55–64 are in the work force.

Since middle-aged women are the primary caregivers to older people this trend has major implications for older people, the younger generations, and all of society. Leaders of the women's movement are worrying and writing about its fallout effects on young women in the form of stress due to multiple responsibilites to their children, husbands and jobs.

The New York Times, Newsweek, and many other publications have run feature stories on this problem. If young women are not superwomen, neither are middle-aged and aging women. For some

of them, middle age brings not a peaceful empty nest stage of life, but responsibilities that peak to include not only husbands, children, households, and work, but also parent care.

Gerontologists are becoming increasingly concerned about this problem. Our work at the Philadelphia Geriatric Center has led us to characterize such women as "women in the middle." They are not only in middle age, in the middle from a generational standpoint, and in the middle because of the competing demands of their various roles, but they may be in the middle in experiencing pressure due to potentially competing values—that is, the new value of women doing out-of-home work vis-a-vis the traditional value that care of the elderly is their responsibility.

Our research on three generations of women—elderly, middle aged, and young women—indicates that the social value that care of older people is a family responsibility is persistent and strong, even to the third generation of very young women.

At the same time, however, all three generations have been influenced by the women's movement, with that influence stronger with each succeeding generation. The youngest women expect to work more than their mothers and grandmothers expected to when they were young.

All three generations, but the youngest most emphatically, believe that women should have careers and educational opportunities equal to those of men, and that men should share child care, household, and parent-care responsibilities.

One important point is that family responsibility or feeling is not equated with the doing of specific concrete tasks. What the older people or what middle-aged people want when they project themselves into their own old age, is emotional support from their families and help with intimate matters such as financial management. They don't believe tasks such as cleaning one's house, personal care, must be performed by families. They are much readier to accept that kind of service from community services or government. In other words, if you love your mother, it doesn't mean that you have to clean the house or give her personal care.

The indications are, then, that women will, to an increasing extent, expect their husbands and brothers to share the traditionally female tasks of parent care and also that in the future they will accept and even prefer formal system supports for income and concrete services.

It is not known whether men's attitudes have changed to parallel those of women. It must be accepted as a given fact, however, that changes in women's roles and attitudes inevitably have an impact on men. In the work place and in the home, men cannot avoid having their lives profoundly influenced.

The notion that the solution lies in the reallocation of existing responsibilities between men and women does not recognize one fundamental reality, that middle-aged women in the work force and increased needs for parent care produce a larger total package of family responsibilities. Therefore, even a reallocation of tasks between men and women would not be a total solution. Reallocation is also needed between the family unit and the formal support system.

The need for a family-oriented social policy is not unique to the United States. Many industrialized nations are experiencing the same population trends that argue strongly for a comprehensive focus on the family. Other countries are already moving toward a family orientation. That policy direction is being emphasized at international conferences as well as in our country.

Some programs that can help families are relatively well known. Others are in an early stage of invention. We need an increase in the quantity and variety of in-home services such as homemaker, home delivered meals, service-supported congregate living arrangements, and services for the temporary relief of families such as day care and respite care. Day care is uneven regionally and is not reimbursable in many States. Respite care is not reimbursable at all. We should not penalize families by reducing the supplemental security income benefits of older people who live with others. Eligibility criteria for various services should take the needs of the total family into account rather than focus exclusively on the condition of the older person.

A word about congregate living arrangements, since there was testimony this morning that called congregate living arrangements service-supported ghettos for the aged. For many, many years the field of gerontology struggled with the issue of whether older people prefer congregate age-segregated housing or age-integrated housing.

When the research data were in, it revealed what might have been expected in the first place. That is, for some older people, congregate age-segregated housing is an excellent solution to their problems. For others, remaining in the community is preferable.

Older people are extremely heterogeneous. There are many solutions. People should continue in the lifestyle they prefer and also receive the services they need.

Some countries are developing programs such as income supports to help families pay for the care of an older person and residences called granny-annexes to permit young and old to live next door to each other.

If we wish to preserve and strengthen family bonds and responsibility, our social policy must respond to the plight of older people and their families by increasing the availability of family oriented services. If such a change in the mix of formal and family supports does not occur to support the family's demonstrated efforts and commitment, an intergenerational chain reaction may be triggered that will disadvantage all generations.

Thank you on behalf of the Philadelphia Geriatric Center and the Gerontological Society for allowing me to appear.

[The prepared statement of Ms. Brody follows:]

PREPARED STATEMENT OF ELAINE M. BRODY, PRESIDENT, GERONTOLOGY SOCIETY

Mr. Chairman and members of the Committee, my name is Elaine Brody. I am the Director of the Department of Human Services and a senior researcher at the Philadelphia Geriatric Center. I am also the President of the Gerontological Society. The Philadelphia Geriatric Center is a nonprofit multi-service center which has over 1000 older people living on its campus in a variety of living arrangements. Its facilities include a 500 bed skilled nursing home, a fully accredited geriatric hospital, two high-rise apartment buildings that house and provide supportive services to 500 older people, and a community housing project in converted one-family homes. The Center also delivers services to noninstitutionalized older people in our area, includ-

ing a consultation and diagnostic service, a day-care program for the mentally and/or physically impaired elderly, selected in-home services, and a hospice-home care program. Our Gerontological Research Institute carries out both biomedical and social/behavioral research. The Gerontological Society is comprised of almost 6000 scientists and professionals—psychologists, anthropologists, sociologists, social workers, physicians, nurses, administrators, attorneys and others too numerous to list.

During the past 28 years the Philadelphia Geriatric Center has served many many thousands of older people and their families. Through its research institute it has carried out considerable research about the family relationships of older people, particularly with respect to the role of family members in helping their impaired elderly. My testimony will focus on that subject (that is, the role of families of impaired older adults) and the necessity that social policy respond to their changing needs. I will also discuss a broad social trend—women's changing life-styles—which has potential for affecting patterns of care.

This Committee is knowledgeable about the dramatic demographic trends reflected in: (1) Ever greater numbers of people 65 or over; and (2) a sharp proportionate increase among them of very old people (those 75 and over) who are most likely to need supportive services. By the year 2000, the number of people 85 and over will almost double, to about 3.8 million. Estimates of the proportion of older people who require one or more supportive services hover around the 30 percent mark, or about seven and one half million people.

The changes in family demography are equally dramatic. The four generation family has become commonplace. Ethel Shanas' new data reveal that almost half of all older people who have children have great-greatchildren. If we look at family structure from the opposite perspective—that is, upward from the young instead of downward from the old—it is apparent that at every age people have more surviving parents, grandparents, and great-grandparents. While it used to be relatively rare for a middle-aged person to have elderly parents, at present about one-fourth of people who are 58 to 59 years old have at least one surviving parent.

These changes mean that more middle-aged and "young old" people have many more "very old" parents. That is, the ratio of potential caregivers to those in need of care is changing radically. Dr. Harold Sheppard calculates that by the year 2000 there will be about 70 people over the age of 80 for every 100 persons who are 60 to 64. This is in sharp contrast to the situation in 1960, when the ratio was 34 to 100.

In short, at the same time that the group of older people most likely to require supportive services is increasing, the proportion of primary caregivers is decreasing and those caregivers themselves are older. Adult children, therefore, are now called upon to provide care at a time when they are middle aged and older, may be looking toward retirement, probably have lower energy levels, and may be experiencing age-related interpersonal losses and the onset of chronic ailments.

Despite these realities that are stretching family resources, families are continuing to behave responsibly in caring for older people. Many streams of research on this subject have produced remarkably consistent findings. Intergenerational ties remain strong. Most older people live close to at least one adult child and see their children frequently. Family members, not professionals, give the bulk of care to the impaired elderly. The recent General Accounting Office study in Cleveland found that 90 percent of in-home services and transportation were provided by family members. In general, widowed older people look to daughters rather than sons when they need help and those daughters respond. In fact, the phrase "alternatives to institutional care" is a euphemism for daughters. Families do not "dump" old people into institutions; such placements are made as a last resort when other efforts fail.

There is not a shred of evidence indicating that families are shirking their responsibilities in any way despite the vast increase in the demands made upon them. There is evidence, however, that families may pay a price for their care of very impaired older people. Research indicates that the stress may cause family members to have symptoms and problems such as depression, anxiety, physical symptoms, family conflict, loss of work time, and even negative effects on young children.

Concern is often expressed that the provision of services by the community would cause the family to reduce its caregiving activities. To the contrary, the evidence is that "formal" supportive services do not substitute for family services. Rather, such community services supplement and complement family efforts and encourage family care by relieving the pressures on family members. If families are to continue their efforts, society must respond with supportive policies and services that take the needs of the total family into consideration. If we wish to encourage family care of older people, it is not enough to simply cheer the family on; its efforts must be buttressed.

The urgency of the need to assist the family is underlined by the broad social trend of the women's movement with the accompanying large-scale entry and re-entry of women into the labor force. In 1940, only 11 percent of married women between the ages 45 and 54 were working; at present, 56 percent of married women of those ages are working and rates for unmarried women are even higher. More than 41 percent aged 55–64 are in the work force! Since middle-aged women are the primary caregivers to older people this trend has major implications for older people, the younger generations, and all of society. Leaders of the women's movement are worrying and writing about its "fallout" effects on young women in the form of stress due to multiple responsibilities to their children, husbands, and jobs. The New York Times, Newsweek and many other publications have run feature stories on this problem. If young women are not "Superwomen," neither are middle-aged and aging women. For some of them, middle age brings not a peaceful "empty nest" stage of life, but responsibilities that peak to include not only husbands, children, households, and work, but also parent care.

Gerontologists are becoming increasingly concerned about this problem. Our work at the Philadelphia Geriatric Center has led us to characterize such women as "women in the middle." They are not only in middle age, in the middle from a generational standpoint, and it the middle because of the competing demands of their various roles, but they may be in the middle in experiencing pressure due to potentially competing values—that is, the new value of women doing out-of-home work vis-a-vis the traditional value that care of the elderly as their responsibility.

Our research on three generations of women—elderly, middle-aged, and young women—indicates that the social value that care of older people is a family responsibility is persistent and strong, even to the third generation of very young women. At the same time, however, all three generations have been influenced by the women's movement, with that influence stronger with each succeeding generation. The youngest women expect to work more than their mothers and grandmothers expected to when they were young. All three generations, but the youngest most emphatically, believe that women should have careers and educational opportunities equal to those of men, and that men should share child care, household, and parent-care responsibilities.

When the women in the study need help or anticipate needing help, they strongly prefer family as a source of emotional support (confidant/counselor) and help in managing finances. But they do not equate family responsibility or feeling for the aged with economic support or with concrete services such as personal care and household maintenance. That is, affection and caring for one's parent need not be expressed, for example, by doing household tasks. The middle-aged women are much more accepting than their elderly mothers of such services being provided by what has come to be called the "formal" support system of governmental and other agencies. Our research confirms the findings of other studies that above all, when people are old, they do not wish to be a burden to their families.

The indications are, then, that women will, to an increasing extent, expect their husbands and brothers to share the traditionally female tasks of parent care and also that in the future they will accept and even prefer "formal" system supports for income and concrete services. It is not known whether men's attitudes have changed to parallel those of women. It must be accepted as a given, however, that changes in women's roles and attitudes inevitably have an impact on men. In the workplace and in the home, men cannot avoid having their lives profoundly influenced.

The notion that the solution lies in the reallocation of existing responsibilities between men and women does not recognize one fundamental reality: that middle-aged women in the work force and increased needs for parent care produce a larger total package of family responsibilities. Therefore, even a reallocation of tasks between men and women would not be a total solution. Reallocation is also needed between the family unit and the formal support system.

The need for a family-oriented social policy is not unique to the United States. Many industrialized nations are experiencing the same population trends that argue strongly for a comprehensive focus on the family. Other countries are already moving toward a family orientation; that policy direction is being emphasized at international conferences as well as in our country. Some programs that can help families are relatively well-known; others are in an early stage of invention. We need an increase in the quantity and variety of in-home services (such as home-maker, home delivered meals), service-supported congregate-living arrangements, and services for the temporary relief of families (such as day care and respite care). Day care is uneven regionally and is not reimbursable in many states; respite care is not reimbursable at all. We should not penalize families by reducing the Supplemental Security Income (SSI) benefits of older people who live with others. Eligibil-

ity criteria for various services should take the needs of the total family into account, rather than focus exclusively on the condition of the older person. Other countries are developing programs such as income supports to help families pay for the care of an older person and residences called "granny-annexes" to permit young and old to live next door to each other.

Mr. Chairman and members of the Committee, if we wish to preserve and strengthen family bonds and responsibility, our social policy must respond to the plight of older people and their families by increasing the availability of family-oriented services. If such a change in the "mix" of formal and family supports does not occur to support the family's demonstrated efforts and commitment, an intergenerational chain reaction may be triggered that will disadvantage all generations.

Thank you for the opportunity to present these views.

Mr. EDWARDS. Thank you. I have a few questions if you have time.

Ms. BRODY. I certainly do.

Mr. EDWARDS. You made reference to myths about families, in particular families abandoning responsibilities with respect to aged parents or other family members.

What are the original roots of those myths? And beyond the original roots, what has caused the myths to survive despite the work that you and your colleagues have done, which it seems to me, has now achieved fairly wide recognition that it is not true that families are ignoring their responsibilities?

Ms. BRODY. That is a fascinating question, one we have been struggling with. There are many potential roots of that myth of abandonment. I think one thing that contributes to it is the fact that never before in history has family demography been as it is now, with so many very old people with their children also aging or actually in old age.

The myth may be perpetuated by a fear on the part of the public that if families don't give services, it will increase the dollar cost to the public budget.

Ethel Shanas once did a study which found two groups of people highest on the list of those who accused families of abandoning older people. Those two groups were the professionals who saw families in trouble and childless older people.

The evidence is absolutely definitive when one talks about institutionalization. For example, the fact that older people in institutions are severely impaired is only one cause for institutionalization. People in institutions have many fewer children than people on the outside. Fifty percent of people in institutions have no children at all and the rest have fewer children than older people in general.

Beth Soldo did a study in which she showed that each additional child one has reduces the chance of being instutionalized in one's old age. I mention that not as advice but simply as information.

I think it would be very interesting to do a study of the roots of that myth, Mr. Edwards, but nobody has come up with a clear answer.

I see my colleague, Dr. Streib, scribbling and maybe he will have some things to say when you talk with him about it.

Mr. EDWARDS. Notwithstanding the fact that you say the myths are not true, does the very fact that the myths continue to exist perpetuate in some instances, or sanction in the minds of some families, that it is perhaps acceptable not to give the amount of

care and attention to parents or grandparents that they should be giving?

And does the way the media presents these issues in any way, whether we are talking about in the family context or portrayal of the elderly on television and movies as isolated, in any way sanction families doing less than their best for older members?

Ms. BRODY. I think this has not been demonstrated to be true, because while the myth is strong, families continue to behave responsibly. I do not lay the blame for the myth being perpetuated at the door of the media, but I think the media could do some very constructive things in helping to dispel that myth.

For example, I deplore the current emphasis, repeated programs, repeated articles, about parent abuse. The vast majority of families are not abusing their parents. I think this issue is inflated. There are small, very small proportions of families who abuse older people. This should not be permitted to happen at all.

There also is a small proportion of people who abuse young babies. One also hears about young parents who beat or abuse their children, but that is not the broad pattern. That is psychopathology. There is no age that has a monopoly on psychopathology.

I think it does a disservice to inflate the figures on parent abuse and include in it at all such things as not visiting enough, not giving enough money, not giving the proper diet, because those large percentages cited do include that kind of thing in them.

Mr. EDWARDS. Would you say in those families in which the older members don't receive the care and attention that most families are providing, that the impact of that isolation from the family produces declines in the physical and mental health of the older individuals?

Ms. BRODY. I am going to answer the question in two steps. I think the way in which a family behaves when it has an elderly member who is impaired is a product of the history of that family and the family personality. The family that has had close, warm relationships in the early phases of its existence does not suddenly abandon or neglect an older person.

By the same token, a family that has always had poor relationships does not suddenly develop warm, close relationships to support an older person in old age. There is a continuity of family behavior and family personality and relationships.

Mr. EDWARDS. In a family in which the older members have been living in the household or nearby and there has been emphasis by the younger members on providing care and attention to the older members, what happens when those older members suddenly develop an acute or chronic illness that is very stressful? And does counseling the family help a family to adjust to that situation?

Ms. BRODY. When an older person becomes impaired, the family usually attempts in every way possible to care for the older person. First, by helping the older person in the older person's own home—in many instances, they take the older person into the family home. They try to do everything they possibly can.

Counseling is very, very valuable from a number of standpoints. One standpoint is that few people, even few professionals, are aware of the entire world of resources and entitlements that could be of service to them. There are many services—though not

enough, but families in general can't be expected to understand all of the regulations and entitlements and be able to mobilize them into a package that is suitable.

What was the second part of your question?

Mr. EDWARDS. I think you answered it.

Ms. BRODY. The counseling, yes. The other aspect of counseling, of course, is that the care of an older person may become stressful, the older person's children may have problems with each other about who is to give what kind of care. Counseling to help a family work through that kind of emotional problem is another aspect of counseling that can be very useful.

Mr. EDWARDS. I have one final question or line of questioning. What expectations do families have of older members, based on your studies?

Ms. BRODY. Well, expectations in terms of what services do you mean?

Mr. EDWARDS. In terms of the role that they either see or would like older members to play in the family.

Ms. BRODY. There, again, that depends on the individual family. I think most families see their older members as valuable to the entire family. I think we had some excellent examples in the families you had here this morning.

I think it might be worthwhile to note that what older people want from their families and what comes through loud and clear in the research literature is, first, older people do not want to be a burden to their families. Second, what they want from families is affection, caring, and continued contact rather than money. They want the family bonds rather than the concrete services.

Mr. EDWARDS. In this committee's study of the economic world, we have found that the change in the role one plays in business life, whether we are talking about mandatory retirement or gradually phasing out of the economy, is very stressful.

Does that phenomenon exist within the family, too, as people grow older and the mantle of the responsibility for the family may pass from the grandparents to the parents? How do the parents react to that?

Ms. BRODY. Change often is stressful. In our culture, particularly when we gain status from the roles that we perform, retirement can be stressful to the retiree, although not invariably so. As for the other members of the family, we certainly know that when a change affects any one member of the family, every other member of the family inevitably is affected as well. So that this can affect the whole balance of family relationships and it is the entire family that has to adapt to the changed role of one family member.

You have probably heard the expression that derives from the experience of some women who have not themselves worked but whose husbands have worked. They say, "I married him for good or bad but not for lunch." It does mean the woman has to adjust her routine.

But there are many, many patterns. With women working more, there are many, many variations.

Mr. EDWARDS. Thank you very much, Ms. Brody. I know you have another commitment so we will be able to dismiss you now if you need to go.

We are going to receive testimony next from Anna Zimmer with the Community Services Society of New York City. She is accompanied by Ms. Dorothy Levy, daughter of a disabled parent who is receiving services under the program. Is that correct?

STATEMENT OF ANNA H. ZIMMER

Ms. ZIMMER. That is right.

I welcome this opportunity to talk with you, having just driven in from New York City with another staff member and four caregivers. Three people have come along with Mrs. Levy and will be available for questions later. I want to say it was very interesting to see the extended families with the support that in those two cases the aged are receiving from the extended family.

Our program, however, deals with that very large group of functionally disabled who do remain in the community because of the supports provided by family, friends, and neighbors.

Recognizing that such caregiving can create family stress, the Community Services Society natural supports program was developed to supplement, not substitute, for family caregiving, thus enhancing continued care from family, friends, and neighbors.

The natural supports program offers two approaches designed to supplement the care giving efforts. Since 1976, individual services have been offered to 90 to 95 families at a time who are caring for a functionally disabled older person. This have been a time-limited program that was designed to test service needs and build a knowledge base for future programs. We have at this point served a total of 150 care-giving families over the past 4 years.

Mrs. Brody talked about the problems of dispelling the myth of the abandoned aged. I think that reading these case histories will certainly give testimony to the kind of support they can provide over a long period of time.

However, these families cannot do it along. The services that they asked of us included the provision of home care, respite, counseling, escort services, and assistance in systems negotiation and advocacy. Things they would hear about in terms of medical care or SSI, some of the entitlements under medicaid, which has an extensive home care program in New York City, are very difficult to come by. If one does not persist in telephone calling, in cutting through the red tape, very often it takes hours and hours. All families whom we serve care for a chronically old person who is functionally disabled.

The second program approach is the provision of community-based group services for caregivers. This has been in existence since October of 1978 and is partially funded by a grant from the Administration on Aging Model Projects Division. Group services in 6 target areas of New York City provide skills training education, and peer support for caregivers. Individual counseling and case services are also provided, but the general emphasis is on group activities.

There is no eligibility requirement for this service, In the individual service component we do have a number of eligibility requirements that are all outlined in our written testimony.

Caregivers who attend the community meetings may be of all ages and they are from varied socio-economic and ethnic back-

grounds. They may be family members, adult children, spouses or siblings, or friends and neighbors who perform a caring function for an older person. They may be providing that much needed emotional support, the management of finances that we heard mentioned before. They may be doing chore services, shopping or providing an escort to hospital appointments.

Since 1978 approximately 350 caregivers have been served through the group program. The group members choose a format best suited to their needs. Some groups invite speakers to discuss public entitlements I mentioned before, nursing skills or the medical aspects of aging, while other groups meet to share their own experiences and provide mutual aid to each other, perhaps to discuss some of those changes that you mentioned before in terms of your question about counseling for families. Staff members encourage self-help efforts among group members.

The Community Services Society has determined that needs and stresses exist, whatever the caregiver's income education or cultural background. The stresses are both financial and emotional. The needs are for home care, respite, skills training, educational counseling, and so forth. With some help and recognition from formal services, we have found that an older person is enabled to continue in the role.

Mention before was made, what is the effect of the formal services on the informal services? Our experience is that the informal support continues with less stress and finds that they can prolong the period when the older person is kept in the community.

Some examples of specific instances where formal service complements, strengthens and enables the caring role illustrate this better than all my technical conceptual terms.

The first case, evening and weekend respite for a working middle-aged daughter who shares her home and cares for her aged, multiply-disabled father. Just above medicaid, determined to remain self-sufficient, her father welcomes service for himself and his daughter. Counseling has significantly relieved the daughter's depression.

Two, a 50 year old, only child, experiences stress in supplementing and monitoring her mother's medicaid home attendant. Providing transportation to her mother's medical appointments often conflicts with her work responsibilities. She describes the peer support of the caregivers group as "almost like having brothers and sisters to share problems and help find solutions."

Three, a retired son and daughter-in-law, caring for a senile mother, described the NSP counseling and respite services as "making an intolerable situation bearable, though difficult, and has made it possible for us to continue."

Four, recently retired and looking forward to enjoying their time together, Mr. and Mrs. S. find care of her 90-year-old mother increasingly demanding. "Tell her what's enough to do for her mother," graphically described the struggle of the "sandwich" generation, caught between their own needs and the demands of their disabled relatives. That was that middle-woman generation that Mrs. Brody referred to. Help in negotiating the system to get medicaid home care and counseling to set priorities and relieve guilt were helpful to this couple.

Five, "She was always able to take care of us, now she needs full-time care, can't even remember to dress herself or eat her meals," a husband struggles with the needs of a senile wife. Knowledge about mental and physical illness, respite and counseling gained through both group attendance and occassional group efforts support his efforts.

Six, "I care for him like for a baby, going on medicaid would pauperize us—rents are so high we can barely manage." Seventy-eight herself, this overworked wife of a Parkinson's patient asked NSP for "a breather", a few hours for herself to get away from a 24-hour-a-day responsibility.

Adult children caring for parents, spouse helping spouse, aged sister caring for an aged brother, friends looking in on their neighbors, are often dramatic reports of day-after-day concern and willingness to make it possible for a disabled older person to remain in the community. The NSP extended experience has documented the invaluable services of these "natural supports." Our program has demonstrated the need for supportive services to relieve stress and enable caregivers to continue their own lives and their vital role in the life of their aged.

Everyone has been making policy recommendations and I would just like to very briefly add that it is therefore critical that the United States has a public policy that encourages the natural support that families can give to their own, and we need to examine and remove current regulations that act as disincentives to such caregivers. Home care under medicare should respond to the chronicity of disabilities of the aged, restrictive requirements for previous hospitalization, and the strict medical model should be amended.

CSS has documented the commitment to caring on the past of family. Innovative programs, both public and private, to bolster the informal support network are essential to meet the increasing needs of an expanding older population, especially those over 75 years of age and their overburdened families. Day care centers with transportation for the elderly to these facilities and other recreation facilities are additional indentified aids for respite to those providing care of their elderly.

Adult education programs, the encouragement of peer support-self-help groups should be included in planning.

Mrs. Levy, who is a participant in the natural supports program and I think a fine example of the caring relative, will talk with you about her own experience.

I thank you for this privilege.

[The prepared statement of Ms. Zimmer follows:]

PREPARED STATEMENT OF ANNA H. ZIMMER, DIRECTOR, NATURAL SUPPORTS PROGRAM, COMMUNITY SERVICE CENTER OF NEW YORK

I am Anna H. Zimmer, Director of the Natural Supports Program of the Community Service Society of New York, and I welcome this opportunity to share the extensive experience of our agency in operating an innovative program for caregivers of the elderly disabled. Community Service Society, one of the oldest social agencies in the country, has a long history of serving the elderly and their families, and we use the research and documentation from our programs to make policy recommendations to law makers and other public officials. This testimony builds upon that background and the four-years experience with more than 500 families and friends who are caring for the elderly. Several of these caregivers are with us

today and you will be hearing from one while others have contriubted to our written material.

Families are traditionally the principal caregivers for their elderly, functionally disabled members, ninety-five percent of whom (over 65) remain within the community outside institutions. Of these, a large proportion are chronically disabled and rely upon family, friends and neighbors for care. Recognizing that such caregiving can create family stress, the CSS Natural Supports Progam was developed to supplement not substitute for family caregiving thus enhancing continued care from family, friends and neighbors.

Our Natural Supports Program offers two approaches designed to supplement caregiving efforts. Since 1976, individual services have been offered to 90–95 families at a time who are caring for a functionally disabled older person. This time-limited program, designed to test service needs and build a knowledge base for future programs, has served a total of 150 caregiving families over these past four-years. An initial assessment with each family determines the level of care that the family can provide and services are then designed to supplement this. The services may include the provision of homecare, respite, counseling, escort service and assistance in systems negotiation and advocacy. All families whom we serve care for a chronically ill older person who is functionally disabled and who has an annual income of no more than $8,000. The families come from all areas of the city, are generally apartments dwellers and, in most cases, both the older person and the primary family caregiver are women—most frequently an employed daughter.

The second program approach is the provision of community-based group services for caregivers, which has been in existence since October 1978 and is partially funded by an Administration on Aging model project grant.[1] Group programs in six target areas of New York City provide skills training, education, and peer support for caregivers. Individual counseling and case services are also provided, but the general emphasis is on group activities. There is no income eligibility requirement for this service. Caregivers, attending these meetings, may be of all ages, and from varied socio-economic and ethnic backgrounds. They may be family members (adult children, spouses or siblings) or friends and neighbors who perform a caring function for an older person. Since 1978, approximately 350 caregivers have been served through the group program.

Group members choose a format most suited to their needs. Some groups invite speakers to discuss public entitlements, nursing skills, or the medical aspects of aging, while other groups meet to share their own experiences and provide mutual aid to each other. Staff workers encourage self-help efforts among group members.

CSS has determined that needs and stresses exist, whatever the caregivers' income, education or cultural background. The stresses are both financial and emotional. The needs are for homecare, respite, skills training, education, counseling and mutual peer support to alleviate these stresses. With some help and recognition from formal services, we have found that a caregiver of an older person is enabled to continue in the caring role. Some examples of specific instances where formal service complements, strengthens and enables the caring role illustrate this.

1. Evening and week-end respite for a working middle-aged daughter who shares her home and cares for her aged, multiply disabled, father. Just above Medicaid, determined to remain self-sufficient, her father welcomes service for himself and his daughter. Counseling has significantly relieved the daughter's depression.

2. A 50-year old, only child, experiences stress in supplementing and monitoring her mother's Medicaid home attendant. Providing transportation to her mother's medical appointments often conflicts with her work responsibilities. She describes the peer support of the caregivers group as "almost like having brothers and sisters to share problems and help find solutions."

3. A retired son and daughter-in-law, caring for a senile mother, describe the NSP counseling and respite services as "making an intolerable situation bearable though difficult and has made it possible for us to continue."

4. Recently retired and looking forward to enjoing their time together, Mr. and Mrs. S find care of her 90 year old mother increasingly demanding. "Tell her what's enough to do for her mother", graphically described the struggle of the "sandwich" generation—caught between their own needs and the demands of their disabled relatives. Help in negotiating the system to get Medicaid Home Care and counseling to set priorities and relieve guilt were helpful to this couple.

5. "She was always able to take care of us—now she needs full-time care, can't even remember to dress herself or eat her meals," a husband struggles with the

[1] The Community Group Development Component of the CSS/NSP is funded in part by Grant No. 2A 48–A on Aging, Office of Human Development Services, U.S. Dept. of Health & Human Services. The program is under the joint auspices of CSS and the Brookdale Center on Aging of Hunter College.

needs of a senile wife. Knowledge about mental and physical illness, respite and counseling, support his efforts.

6. "I care for him like for a baby, going on Medicaid would pauperize us—rents are so high we can barely manage." 78 herself, this overworked wife of a Parkinson's patient asked NSP for "a breather", a few hours for herself to get away from a 24-hour a day responsibility.

Adult children caring for parents, spouse helping spouse, aged sister caring for an aged brother, friends looking in on their neighbors—are often dramatic reports of day after day concern and willingness to make it possible for a disabled older person to remain in the community. The NSP extended experience has documented the invaluable services of these "natural supports." Our program has demonstrated the need for supportive services to relieve stress and enable caregivers to continue their own lives and their vital role in the life of their aged.

It is therefore critical that the U.S. has a public policy that encourages the natural support that families can give to their own, and we need to examine and remove current regulations that act as disincentives to such caregivers. Homecare under Medicare should respond to the chronicity of disabilities of the aged; restrictive requirements for previous hospitalization and the strict medical model should be amended.

CSS has documented the commitment to caring on the part of family. Innovative programs, both public and private, to bolster the informal support network are essential to meet the increasing needs of an expanding older population, especially those over 75 years of age and their overburdened families.

The large group of elderly whose finances place them just above Medicaid eligibility should be considered in developing long-term care in the community.

Day care centers, with transportation for the elderly to these facilities, and other medical and recreational facilities are additional identified aids for respite to those providing care for their elderly.

Adult education programs and the encouragement of peer-support/self-help groups should be included in planning.

Mrs. Levy, a participant to the CSS/NSP, will give you additional information that we know will be helpful in your deliberations and planning in this Select Committee on Aging.

Thank you for the privilege of meeting with you today.

[See appendix p. 89 for additional material submitted by Ms. Zimmer.]

Mr. EDWARDS. Thank you.

Mrs. Levy?

STATEMENT OF DOROTHY LEVY

Ms. LEVY. Good afternoon.

I care for an aged, functionally disabled mother. She has been sick for over 30 years, getting progressively worse. She was a diabetic. Now she is, to use it very simply, senile.

After hospitalization, 2½ years ago, it was suggested by her physician she go into a nursing home and there she was for 6 months. At the end of 6 months, not being able to take it any longer, I literally stole her out of the nursing home because the situation there was horrible, it was demeaning, undignified. I went there and found her trussed up like a chicken because they said she wouldn't stay in her chair. They had her under restraints. She suffered a broken finger.

As far as I can see, the patients in the nursing home represent one thing, that is a paycheck to those employed there.

Being a caregiver to someone in my mother's condition is exacting, exhausting, and I often refer to it as being in jail without bond, but it is also rewarding.

My mother doesn't even know, doesn't even remember I am her daughter, but I wouldn't have it any other way. I am able to work and I am here simply because I have a home attendant who happens to be the best in the business, and also the help I have gotten

from the natural supports program from the community service program. They give me respite so that I can have two Sundays a month to get out and act like a normal human being, and also the counseling that I get from my caseworker and the mutual benefit that each of us gives to the other from the group that we belong to, many of whom are here today with us.

Geriatrics has become very big business in medical circles, but unfortunately society has not kept pace with medical society in making the people who live longer live better.

I am a strong advocate of keeping the elderly in society because to emphasize what I said before, I am diametrically opposed to nursing homes. I feel that if the elderly, particularly those who have had their own home, in any way could be allowed to stay in their own homes, it would do a number of things.

It would lessen the trauma on them of being uprooted and possibly be less expensive to the community. They could be given the type of home attendance that they need, whether it be a number of hours a day or around the clock. It would also allow the elderly to have dignified old age.

I do not feel that people should be penalized for the crime of growing old. They need to be loved, they need to feel that they are loved and wanted by their families, and in instances where they do not have families, they should at least be made to feel that they are valued members of society.

I was looking at a telethon last night and the thought struck me that maybe we should think in terms of having telethons to aid the elderly. Desperate situations call for desperate measures. And the plight of many of our elderly today is very desperate.

I realize that we are in a highly inflationary age and that the Government does have so many strains upon it. But the elderly are our blessings rather than our liabilities and perhaps if somewhere along the line someone was to think in terms of starting a telethon to help the Government to help the elderly, it might help everybody.

I repeat, the elderly should be allowed a dignified old age and they should not be punished for the crime of having grown old.

Thank you so much.

Mr. EDWARDS. Thank you, Mrs. Levy.

Ms. Zimmer, I have a few questions. How unique is your program in New York City? Are there similar program in other communities throughout the country? For those communities—many communities which I am sure have nothing approaching what you have developed in New York—how could these other communities set up similar programs? What would be your advice to them?

Ms. ZIMMER. I think we will take the three parts of your question separately.

Our program is unique in terms of the provision of the individual services. The ability with the private funds of the Community Service Society, which as you know is a very old, 132 year-old age, has made it possible for us to have a research demonstration program so that we could meet with families in a family meeting, find out what care the family could continue to give, and then work out a service plan to supplement.

We have had the privilege of running that part of the program for almost 4 years, and right now since we have met the objectives of the research demonstration, that piece of the program is being phased out. It is a costly program.

However, if one were to do a strict cost analysis, one would find that we spent an average of $225 a month per family—we serve 90 to 95 families at a time, and I will do some fast calculations here—you would know that many communities could not support that extensive a program without some kind of government support.

However, if you look at $225 a month as opposed to close to $2,000 a month for institutional care in a city like New York, you know you can come out on the plus end with an innovative program. You also are continuing the health of the older person, the emotional health, and offering another option.

Our experience is that that piece of the program is not replicated elsewhere. However, the group program in which we do offer the community-based meetings is beginning to be replicated in other places across the country.

One of our directives when we got the grant from the Administration on Aging was to disseminate information about the program. The report we get back is that there is more and more of a push to providing the kind of group experience, the educational peer support, sharing experience, that caregivers can give to each other, and that movement toward self-help, I think, will be having a ripple effect. Again, it is a beginning program.

I think the Government could provide more funds in terms of adult education program. I think that if, for example, hospitals could have a program for caregivers that prepares them for taking the post-stroke patient home—having managed the diabetic, what is the education you need after a person has had a series of small strokes that has resulted in a loss of memory—there are many pieces of this program that can be replicated and that are doable.

Mr. EDWARDS. What is your organization's experience in using older people themselves in providing supplementary services to families who have older members who have health problems of some sort?

Ms. ZIMMER. You mean in terms of home care?

Ms. EDWARDS. Yes.

Ms. ZIMMER. I think a large number of the home care-providers, whether it is a housekeeper, a homemaker—if we are talking about purchasing such service—many of the very successful situations have been those in which the older person has someone in their fifties or sixties who is well and able to take care of the 70- or 80-year-old.

Our experience in the groups has been that neighbors who are looking in on another neighbor, sometimes even a 75-year-old looking in on a 70-year-old—the 75-year-old, if still ambulatory can go down and cash a check, et cetera.

If you look at the whole program the retired senior volunteer program which in the New York area is run by the Community Services Society and is based on our initial experience with the SERV program, you will see that there is a wealth of experience in terms of friendly visiting, in terms of an exchange, listening to

those old tales that one wants to hear and that the older person wants to exchange that can come from older people themselves.

In many of the situations we work with you have an older spouse caring for a still older spouse. That is a very often the situation where the disabled person can be severely disabled but the spouse will continue to give care until placement becomes the only alternative.

So there is a wealth of person power within the older people themselves.

Mr. EDWARDS. Thank you, Ms. Zimmer and Ms. Levy.

Our next witness will be Dr. Streib, University of Florida, professor of sociology and a faculty associate of the Center for Gerontological Studies at the University of Florida.

He will discuss new ideas for family composition—older persons living together in what can be viewed as new families. Dr. Streib.

STATEMENT OF DR. GORDON STREIB

Dr. STREIB. Thank you very much, Mr. Edwards, for the chance to testify.

The numbers and proportions of elderly are increasing rapidly in industrialized societies and soon will show sharp increases in the developing nations. This demographic trend means that there are greater numbers of frail elderly persons who can no longer live an independent life but need some assistance and support.

The variety of living environments for the slightly dependent elderly is an area of investigation that has received inadequate attention in the United States. Frequently the only solution available to individuals who are slightly impaired physically or mentally is to move them to a nursing home—as you have just heard from my two colleagues here at the table.

There has not been enough attention given to sheltered environments that lie on the continuum between independence in one's own home and total dependency in an institution. The evolution of complex industrial societies has resulted in a family system in which the nuclear family of husband, wife and children becomes the keystone and the three and four generational family as a residential arrangement becomes a rare phenomenon. The isolation of the generations is a mutually acceptable pattern, for both generations of adults desire "intimacy at a distance."

From the standpoint of family structure and process, and from the perspective of the planner and policymaker, there is still a large gap which needs to be filled. In earlier times, problems with the slightly dependent elderly were handled by family members within the kin household. These earlier arrangements are no longer possible because of the nature of the housing structures, the attitudes of citizens in modern industrialized societies, demographic trends of smaller families, employment mobility of children, the large percentage of women engaged in the paid labor force, and the ideology and reality of the welfare state itself. As a result, we find in some developed societies a variety of plans and experiments which are attempting to fill this gap in the continuum of care for older people.

Some years ago in Winter Park, Fla., a form of family living called "Share-A-Home" was developed. It consists of family-like

units of 6 to 15 elderly, unrelated persons. The idea has grown so that there are now 10 units in central Florida and 6 or 7 others started in other parts of the United States.

Share-A-Home is a concept which utilizes large homes which can house 6 to 15 elderly people who share in the activities of daily life. Each person may have his or her own room, or share a room with another person. They may bring their own furniture if they like. A manager and household staff provide services for each family. Costs are shared by residents, including the rental of a family car which can be used to take family members to doctor's appointments, church, hairdresser, et cetera. Some social activities are organized in the home depending on the wishes and interests of the residents.

All persons—I must stress this—must be ambulatory and in reasonably good health so they can dress, bathe and feed themselves, for no nursing care is provided. No contract is signed and a person may leave if the majority of residents desire this. The Share-A-Home scheme is privately managed and does not receive any subsidy from any level of government although the residents may be eligible for programs on an individual basis.

I would be pleased to offer for the record a research report written by me and my colleague Mary Anne Hilker, on Share-A-Home as a cooperative kind of family, which describe the innovation in more detail.

I would like to use some of my time to describe a kind of living arrangement which I observed in the United Kingdom last fall while a Research Travel Fellow sponsored by the World Health Organization.

Among the forms of shared housing that I visited in the United Kingdom were those originated by the Abbeyfield Society—a British charitable organization founded in 1958 to provide homelike, noninstitutional living arrangements for ambulatory, healthy older persons. The major emphasis of Abbeyfield is to overcome the loneliness of old age because of the loss of spouse, kin, friends, and neighbors which is an inexorable part of the aging process in all societies.

Abbeyfield is organized under the sponsorship of a national society which provides information, consultation, national leadership, visibility, and coordination for the 450 local societies scattered throughout the British Isles. These societies operate over 700 houses which provide housing for more than 5,000 older persons. In general Abbeyfield has converted older homes and there have been a few "purpose-built" homes, as they are called in Great Britain, which have been built with government grants.

The pivotal group in the operation of Abbeyfield is the local Abbeyfield Society, a group of private citizens. This is an autonomous and independent nonprofit-charitable organization which initiates the process of obtaining the house, the housekeeper, and staff, and selects the residents.

The work of the local committee is usually divided between the two subcommittees: Development committee and the management committee. The former is concerned with the organizing and funding of the local house, and is often composed of newly retired business and professional men. The latter is involved in the day-to-

day operation of the house itself, and tends to have more women serving on it. These committees are highly involved and give generously of their time, effort, and expertise in the running of the houses. For example, members of the management committee may take turns preparing a meal on the housekeeper's day off or substitute in times of emergency. The local committee is in close touch with the residents of the house and are knowledgeable about their needs and services which they require.

On occasion, the members of the Management Committee will raise money from the community for aiding in running the house, purchasing new furnishings or helping to spread the Abbeyfield idea. They organize coffee mornings and craft sales, et cetera, which in addition to raising money have the additional purpose of enabling community residents to meet the elderly in the house and become acquainted with the Abbeyfield idea in general.

The Abbeyfield movement has grown to such an extent that the organization has been organized regionally and locally to expedite the work of the society and the spread of its ideas. In the main, these multifarious activities of organizing, fund raising, and obtaining Government grants are handled by a dedicated and skilled corps of volunteers, some of whom are early retired professionals and businessmen who provide expertise and management skills for the residences and local societies.

The stability, growth, and effectiveness of the Abbeyfield Society depends on this corps of 6,000 volunteers, and its continuity depends on the continued recruitment of younger volunteers to fill the places of the older volunteers who are no longer able to devote their time to the project. Volunteers are important in assisting the housekeeper, for they may substitute in times of illness, holidays, or days off.

The success of any single Abbeyfield house depends largely on the recruitment and effectiveness of the housekeeper, whose multiple roles involve managing the household through prudent buying and preparation of food. In addition, the person must be one who supplies concern and warmth to residents and who in addition has special sensitivity for the problems that confront older persons. She must walk a fine line between concern and help in times of emergency or special need, and at the same time must encourage the personal independence of each resident so he or she can remain a self-sustaining person as long as possible.

Most Abbeyfield Society committees are very aware of the importance of retaining effective housekeepers and so they attempt to provide living conditions which will maintain the morale of the housekeeper and maximize her continuity in the job. In a few instances, some local societies have guaranteed housekeepers a place in an Abbeyfield home when they retire.

The problems related to the aging residents are of equal complexity and the national organization and local societies are attempting to deal with these issues by setting up "Extra Care" units as part of the Abbeyfield scheme. Extra care units are small residential units which provide nursing services on a limited basis for Abbeyfield residents who need assistance in bathing, personal care, or feeding themselves.

From the standpoint of the local and national society, Extra care poses some troubling questions related to construction, financing, and day-to-day nursing and medical care. Under existing British law, it is not possible for Abbeyfield Society to obtain grants for the building or conversion of structures into extra care units so other funds must be obtained to set up such facilities. Moreover, the financial burdens on societies are increased by the necessity to have additional personnel to staff the extra care facilities. But since the fastest growing segment of the British and the American older population is the very age group served by Abbeyfield and these persons are living longer, it is obvious that either Abbeyfield or Government agencies—national or local—will have to provide some form of extra care for these Abbeyfield older residents.

I have been able to offer only a sketch of two alternative family forms for older persons today—one British and one American. I would be glad to answer any questions or provide additional information about either type of innovation.

Thank you, Mr. Chairman, for the opportunity to speak to the Select Committee on Aging today.

Mr. EDWARDS. Thank you, Dr. Streib. I, too, have a few questions. I am curious as to how the communities in which share-a-homes are located respond to this innovative and nontraditional form of housing?

Dr. STREIB. When you speak about the community, I hope you don't think I am being too professorial but it is complicated. We have to say who in the community. The people who are being served by this form are delighted, and so are their families. Some bureaucrats in the State of Florida are unhappy because share-a-home is unlicensed. It claims to be a family and, therefore, has run into some difficulty at the present time.

The first share-a-home also had difficulty with the zoning commission. They were taken to court and they won a case in the Orange County Supreme Court and they were declared by the judge to be a family.

It was a unique court in which he took the court to the share-a-home and convened the court on the premises and after observing the situation declared this is a family.

Mr. EDWARDS. Would you be able to provide a copy of that decision or a citation for the record?

Dr. STREIB. I don't have it with me but it is a county court in Florida. It can be obtained.

Dr. STREIB. I might say in this regard on the case of zoning, perhaps you are familiar with the recent decision of the New Jersey Supreme Court which has altered the traditional definition of the family which came under some scrutiny this morning when Maggie Kuhn was speaking and some members of the panel were asking her about this concept.

It is a very troublesome and complicated issue as to what constitutes a family legally and sociologically and I am not sure whether the Congress is the agency to finally deal with this but perhaps it could provide some guidance because it is an issue that is going to be troublesome for many forms of alternate care created in the United States today.

I may have digressed from your question but I am trying to give you some aspect of how communities respond. There are the people who are served, there are bureaucratic and legal problems, neighbors may object. In general, in Orlando/Winter Park, where these operate, they have enjoyed excellent community cooperation. Church groups have supported them. The Episcopal bishop has contributed generously. Television and radio stations have given them much publicity. In general, they enjoy good community relations and this is true in Georgia, North Carolina, and several other places.

Mr. EDWARDS. What about biological members of the families?

Dr. STREIB. Some of the residents of Share-A-Home have living relatives, I understand. It is similar to what Ms. Brody told you about people in institutions. About half of them have living relatives and they are pleased with the share-a-home arrangement because it constitutes a much more pleasant and more humane and sustaining kind of living arrangement than the nursing home. The elderly themselves are happy to be in this kind of residence, for their family members can visit them and see it is not an institutional type of place. It is an informal atmosphere that the residents like and their family members like also.

Mr. EDWARDS. Thank you, Dr. Streib. We appreciate your testimony.

Our next panel of witnesses consists of Dr. Avlin Schorr and Dr. Paul Kerschner. Dr. Schorr is a professor of family and child welfare at the School of Applied Social Sciences, Case Western Reserve University. The author of many books, Dr. Schoor will discuss broad range objectives such as assuring adequate income and removing some of the current disincentives to families who wish to live together.

Dr. Kerschner is the associate director of legislation, research and developmental services with the National Retired Teachers Association and American Association of Retired Persons.

Dr. Kerschner will look at some of the short run changes that can modify current laws so that they will be more applicable to families who wish to care for older members.

I know the chairman would want the record to reflect at this point that we are glad to have both of you here and particularly to have Dr. Kerschner who we have worked with very closely on a variety of issues.

STATEMENTS OF ALVIN SCHORR, PH. D., PROFESSOR OF FAMILY AND CHILD WELFARE, SCHOOL OF APPLIED SOCIAL SCIENCES, CASE WESTERN RESERVE UNIVERSITY; AND DR. PAUL KERSCHNER, ASSOCIATE DIRECTOR, LEGISLATION, RESEARCH AND DEVELOPMENTAL SERVICES, NRTA/AARP

Dr. SCHORR. Good morning—it says here. As there is only a little time I will select two issues having to do with the effect of families on income and the way income is delivered to the aged.

The policy recommendations I offer go quite directly to some of the discussion of the Congressmen and witnesses this morning but before I get to them I just want to describe the problems as I see them.

The aged suffer from inadequate income and, a subtler problem, diminished control over themselves because of the manner in which they secure income. Inadequate income is readily documented. Depending on definition, from 3 to 7 million of the aged are poor. Look at it another way. Because of change in life-style and tax liability, it appears that an old person in good health needs upwards of two-thirds of pre-retirement income to live at roughly his earlier standard of living. But on the average, with retirement he winds up with 55 to 60 percent of prior income.

Now, turning to the other question. In modern times a critical problem of aging lies in feelings about losing command over one's self and surroundings. The issue is not simply in an old person's head. It has to do with changes in body functioning, with power once exercised through position or work, and with power exercised in relation to family and friends. It is the last of which I speak now. Do not misunderstand me; I think that in family relationships sentiment and responsibility play large roles but they interact with true power to dispose of resources. As early as Colonial times, men carefully, in documents with legal force, arranged to exchange inheritance for care for themselves and their wives. The practice lives on in widespread, current understanding that a caregiver inherits a preferred portion of any estate.

Similarly, the day-to-day arrangements between old people and their children are a complex blend of economic exchange and services in which it is often not clear who is the beneficiary. But every one understands the bargaining power inherent in being able to dispose of surplus income and even a small inheritance.

I add one demographic fact that relates to both the issues of income level and power. The average age of the aged population is rising. Between 1950 and 1975, over 75-year-olds increased from 32 to 38 percent of the aged population. That is, not only a larger number but a larger proportion of the elderly live to quite old ages. I add the observation that the average age of population is rising. You have heard that touched on. That increase almost wholly accounts for the slightly increased proportion of the aged who now enter institutions. And it means that a much larger number who do not need or will not accept institutional care must have help with services at home.

In short, it should be apparent that old people need more income, and the very old need even more. And they need as little interference as possible with the management of their own assets and income. That has to do with the issue of power within the family.

As to providing more income, matters have been improving. Two decades ago, median income of the aged was about 40 percent of the income of younger adults; it is now well over 50 percent. Still, the figures cited a couple of minutes ago indicate that we have a ways to go.

But as to command over one's own resources, the design of income maintenance has conceivably been going in the wrong direction. It was once thought that social security, in combination with savings and other retirement benefits, would prevent poverty for virtually all the aged. Indeed, through the 1960's that seemed to be happening; Old age assistance, the program that preceded supplemental security income (SSI), had fewer recipients every year.

But year by year now the advantage of the poor in social security has been pruned back; in compensation the aged are offered SSI.

In a variety of ways, SSI is more attractive than old age assistance was, but it is a welfare-type program still. And so recipients account for themselves, and lose a portion of their benefit if they choose to share a dwelling, and worry whether family contributions will get them in trouble, if discovered. And in order to qualify, legally and reluctantly they strip themselves of assets that are, on the whole, small in amount though significant to them and their families.

I have now 3 or 4 minutes to say what Congress might do about these matters. It might end the one-third reduction of SSI in living together, and it might end deductions for family contributions. It cannot really be said that the one-third reduction forces old people to live separately from their children. Living together is not an ad hoc decision like buying the cheapest car. But living together is characteristically the pattern of the poorest families.

I emphasize that. Americans in general do not want to live in three generation families. Obviously, some do, you have heard from some this morning. But no more than 1 in 6 aged parents now lives with an adult child and that represents possibly the culmination of a trend of 30 years ago when a third lived with their children.

Those are the poorest. Those are the people who live together in general. There are exceptions but the large majority of aged people and adult children live together because there is no alternative.

What the one-third reduction does is single out old people and their families in the most adverse circumstances, deprive them a little more while saying, "Aha, you may be economizing a little. The Government will take it."

As for accounting for family contributions, no more than 3 percent of all old people, rich or poor, receive cash contributions from children. In this matter, the Government is truly nit-picking. The effect of the rule is probably that contributions are given in kind rather than in cash, and there is petty evasion.

And Congress might end the assets test. All the evidence is that it does not save much money. Those with substantial assets have incomes over SSI levels anyway. Those with moderate assets—$5,000 or $6,000, on the average—who are savvy about law and regulations, transfer their assets quite legally, and qualify.

Again, it is the poor and unsavvy who are deterred from applying and who save the Government money. As for those who transfer assets in exchange for SSI, they yield up a continuing sense of power and the capacity to negotiate with family members which a wiser government policy would maintain.

One other point about the one-third reduction and assets test. The elaboration of rules to administer such provisions inevitably involves the Government in internal family affairs, itself offensive, of course, but also often unjust, damaging to the old person and his family and, ironically, costly to the Government in the end.

We have no time for examples. I offer for the record a letter from Community Legal Services in Phoenix giving three illustrations. The letter has attached to it a memorandum from the Social Security Administration to an SSI recipient who happens to be disabled, but the situation would be the same for an aged person. I

recommend your reading it because one would have thought the memorandum was written by Kafka.

Finally, I would recommend adding to social security a constant attendance allowance. That would provide a modest sum of money for the retired aged who require home care. The usual argument is that more Government money would otherwise go for nursing homes; in fact, that is far from clear. But the frail or very old aged certainly need additional help. Our record on getting it to them through the vehicle of social service or medical care agencies is not good, and I do not expect the record to improve until there is some clarity about how social services are to be organized. On the horizon I see many clouds but nothing like clarity. Therefore, I would put a little money in the hands of the old people which they might use to get the help they need.

Many countries have such a program and, in the United States, we have the Veterans Administration.

I point out, by the way, that within the next 8 or 10 years half the aged men in the United States will be veterans so they will have such a program available to them through the Veterans Administration. If one went the route of social security, one could simply get everybody covered and wipe out the VA program and get the same thing done.

Some would make the allowance contingent on income level, like SSI. Others would have a physician or technician, in the Government or out, decide who needs it. Myself, I think we have become enmired in income-testing and discretionary benefits. Rather, I would redo retirement benefits—over the long period, if necessary, at no net cost-to pay higher levels of benefit at, say, 72 and then 80. In this way, we would do most of the job without any administrative cost at all, placing power to manage together with money in the hands of old people. And we would find in time that they and their children and other relatives did what was necessary.

Mr. OAKAR [presiding]. Thank you very much. Let me just say for the record that as both of you gentlemen are aware, yesterday was primary election in many States across the country, including my own State of Ohio. I can assure both of you your testimony is very, very important and that members of this committee will be studying it very specifically because of the interest in this particular issue.

Dr. Schorr, I am especially happy you are here because you are a professor at Case Western Reserve and it has a marvelous reputation. Dr. Schorr's credentials are impeccable. I would like to ask you a few questions.

I was especially interested in the last part of your testimony—I suppose it is because I have worked on a special task force related to the social security issue—inequities toward women under the auspices of the Aging Committee. We had touched on that in our hearings.

So let met just ask you two questions related to the issue. One has to do, just for the record, Dr. Schorr, related to your insuring an approach whereby husbands and wives are covered more equitably, particularly those who work.

Do you favor that approach or have you had a chance to take a stand on it?

Mr. SCHORR. Well——

Ms. OAKAR. We know the influence you have over all of your students.

Mr. SCHORR. And when they get to be Congressmen and Congresswomen, I will be indeed powerful.

I have problems with the earnings-sharing approach. They go like this: I think the Advisory Council on Social Security examined the concept very carefully from a technical point of view, but failed to think about the situation of women, which is this:

No. 1, the average earnings of women is stuck at somewhere around two-thirds of the average earnings of men.

No. 2, women work part time to a much more considerable extent than men. I think if I remember correctly, something like 40 percent of the expansion in employment of women in the past decade represents part-time work.

No. 3, women have a shorter work life for reasons that may be obvious. Even a woman born in 1970 will work in her lifetime I think 27—29 years. So women earn less, work part-time and fewer years.

If social security goes over to a system in which they are wholly dependent on their own earnings, that will turn out to be very little. At the same time, the whole social security system is doing less well year by year for the poorest people. When they retire they will retire on miserable benefits if, while other trends continue unaltered, we will have exactly the situation we have now. The worst of social security recipients will be women.

Ms. OAKAR. Let me just say, I and some members have cosponsored an earnings-sharing bill which did in fact take into consideration some of the points that you make. Although it is very unfair, as you know, if two people make the same amount of money collectively as one individual, they would get less benefits, as it stands.

But in our bill we attempted to address that because we were concerned about the points you raised, along with the woman who chooses to be a homemaker. So we make the approach optional, depending on what approach would benefit the individual more in our bill. The HEW earnings-sharing approach is not the same as the bill I introduced a couple of months ago.

We also did not want to take away any benefits in order to pay for this bill, so-called. So we did not reduce the benefits toward children that the HEW model proposed, and the advisory council, taking into consideration that model, at least appeared to, though not formally, considered that as an approach. Also with respect to the idea that women work part time, most of them want to work full time. We just have to create the jobs for them in order to address that issue which is a separate issue.

Let me ask you about your last point about social security. Our committee has addressed itself in terms of a kind of comprehensive home health care plan and program. I do not have the bill number at the top of my head. Nonetheless, would that not be another way of doing it as opposed to social security, because it is difficult to have anything added on to the system in this kind of a framework? I think it is unfortunate, but nonetheless it is the mood of Congress now?

Mr. SCHORR. If I understand you, you are thinking about going the route of expanding medicaid and medicare to provide for home care. If one thought that was the only way, maybe it would be the way. I have a variety of problems with it.

One is that I think that we have already elaborated access to social services and some kinds of social security benefits—partly through income testing and partly in other ways—so that administration is made more and more complex and it takes forever to get benefits.

Second, this kind of access would have to be through professional personnel. I think it is an inordinate waste of doctors and social workers, to use them for essentially administrative purposes, especially if a program becomes large. If a lot of people wanted it, we would tie them up with these kinds of no-product jobs, no product except access to a program.

The third point is really very important. We are talking today in particular about the old person in relation to his family. I think it is terribly important to maintain in a person as he grows older the feeling he had got as much bargaining power as he ever had.

And to maintain that I would go a much simpler route. I would make the assumption, which is generally valid, that at 72 or at some advanced age and then some more advanced age the old person is much more likely to need these services. I would put the money in his hands, not a lot money as these things go, and let him bargain, let him buy it, let him bargain with his family. I think that is a much sounder, simpler, and cheaper way to go for a country. Maybe not for a demonstration project on Columbus, certainly but for a nation.

Ms. OAKAR. Thank you very much, Dr. Schorr.

I wondered if either of you gentlemen have questions?

Mr. EDWARDS. I do have one question. Other than those recommendations you have made in your oral testimony and in your written statement, would have any additional recommendations regarding readjustment of our retirement age and retirement income policies?

Mr. SCHORR. I offer for the record a book I edited 2 years ago called, A Jubliee for Our Times. The Advisory Council on Social Security in dealing with some of these issues rejects an alternative they all a two-tier system, which I favored.

Could I go back to a moment ago to make clear that in making the recommendation about constant attendance allowance, I believe we could do it prospectively without additional net cost. I am responding to that you said, Miss Oakar, about the current climate.

To understand the proposed two-tier system, one has to begin with understanding that the largest part of what is paid out in social security is an intergenerational transfer. It is a transfer from people now working through the government to people who are now retired. The largest part of what they receive is a subsidy, the Reader's Digest and Brookings Institution and other such intellectual sources notwithstanding.

One would take the subsidy and convert that into a pension. That is one tier. Most European countries do it that way. And then add on top of that a strictly wage-related benefit, that is benefit

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strictly related to what a person had earned on the basis of his contributions.

Such a system would have a variety of advantages. For one thing, the subsidized level would approach the level of SSI and ultimately one could wipe out the SSI program. The SSI program presents a long-term problem because people are increasingly receiving both social security and SSI, as the SSI level rises faster than the bottom levels of social security.

In the long run, a large proportion of the people retiring will have their total benefits based on SSI, not social security, and at such a time it is going to be hard to explain to the American propulation how social security is wage related.

Second, a pension is much more acceptable in the American climate than SSI. There is some evidence that even through it is better than old age assistance, SSI is still regarded as somewhat stigmatizing. There is some evidence that not everybody applies. So one would wind up with a much more acceptable benefit.

In the third place, it would be entirely clear to the American public what they get related to what they paid in. There would not be the current chaos and milling about and feeling that "I really don't get what I paid in."

In the fourth place, in such a system every woman would get a pension and the wage related benefit on top, and one would satify the equity issue, in that way. That is, as I say, a long term proposal.

Mr. BRANAND. What other counties have constant attendance allowances?

Mr. SCHOOR. Austria, France, Greece, Holland, Spain, Great Britain, and so on. Throughout the world, about 50 countries.

Mr. BRANAND. Do those counties offer a different wage rate at age 72 and then at age 80?

Mr. SCHORR. No, a couple of countries do that, France and Great Britain.

Mr. BRANAND. How does this system work in the Veterans' Administration?

Mr. SCHORR. The Veterans' Administration makes the benefit available to veterans who demonstrate the need for a caretaker. And it is income tested. It is related to income. You have to be under a certain income.

Mr. BRANAND. They receive $108 right now if they have no—if they don't receive social security benefits.

Mr. SCHORR. I am not talking about the pension they get.

Mr. BRANAND. Not the pension?

Mr. SCHORR. This is an additional benefit.

Mr. BRANAND. $40, $50?

Mr. SCHORR. In 1978, $165 a month for a veteran and $79 a month for a surving spouse.

Mr. BRANAND. Thank you.

Ms. OAKAR. Thank you very much, Dr. Schorr. If you do have any other materials that you want to submit for the record, we would be happy to have them.

Mr. OAKAR. Our next witness is Dr. Paul Kerschner associated director of legislation, Research and Development Service Division for the National Retired Teachers Association, and an organization

that I hope to be part of one of these days as a former teacher, and the American Association of Retired Persons.

So very happy to have you here, Doctor. You may proceed in either summarizing your statement or reading the text.

STATEMENT OF DR. PAUL KERSCHNER

Dr. KERSCHNER. I am Dr. Paul Kerschner. I want to commend the excellent staff you have surrounding you. They certainly have held all of our faces to the fire and did a fine job in organizing this hearing.

I would like to echo several of the issues that have already been addressed and possibly suggest some policy changes and recommendations. I will dispense with some of the more philosophical overviews in my statement and submit them for the record.

I first want to touch on something addressed by both Maggie Kuhn and Elaine Brody. One of my major concerns, and that of our associations, is the dilemma of the middle-aged child who on one side may have dependent children and on the other side has dependent parents. They are not even allowed to have their own midlife crisis because of the pressures on both sides.

I think it is entirely appropriate that the House Aging Committee and all of us in the aging field turn and focus attention not just on the older adult but on the implications of all of this for family members.

The paper that I am reading today has been prepared in a longer way for the White House Conference on Families and is available to the delegates.

[See appendix p. 105 for paper submitted by Mr. Kerschner.]

Dr. KERSCHNER. Let me continue by commenting on something that Dr. Schorr mentioned. The strong recommendation of the associations is that we eliminate the one-third reduction in the SSI payment standard which is required when older recipients live in the household of a relative or other individual. There is no reason for someone living in the household of a relative to have that service seen as "in kind" and therefore have their SSI subject to a reduction in payments.

I was the Officer on Aging for the SSI program in 1972. I should have saved a letter we received from an individual in Minnesota who every time we raised one benefit, he lost somewhere else. He finally called upon us just to leave him alone and stop giving him benefits because he was now poorer than he was before. I think we should do something quickly about the SSI program.

The second issue is the spend-down requirement for medicaid. All of us know about it, talk about it, all of us shake our heads about it. It is similar to the same issue of women and social security that we have talked about for so many years. To take an older, in most cases an older woman, force her to spend her life savings in order to keep her spouse in a nursing home or nursing related facility and then become a pauper herself and have to turn to medicaid or relatives in the later years seems to me to be unconscionable in the United States in 1980.

There must be some way to stop families from either spending down or trying to hide the money through family or friends in order that the Social Security Administration or others do not find out about

it. I think we must do something about the spending-down provision before we see services develop around the United States where they help you spend down in order that you may go into a long-term-care facility.

Our associations believe that the lack of a comprehensive long term-care system and the present statutory bias in favor of institutional care must be remedied. We strongly support the Medicaid Community Care Act, H.R. 6194, recently introduced by Congressman Waxman and Congressman Pepper, which would increase Federal matching funds 25 percentage points above the current match to a maximum of 90 percent for State medicaid programs meeting certain well-defined conditions.

Of the conditions for increased Federal matching funds, we find it most important that: One, States provide a comprehensive medical and social assessment of each person who may enter a nursing home.

Let me stop for a second and add that this sort of screening is critical. It is not children who are dumping parents in nursing homes. If there are people being dumped at all, it is all of us gatekeepers—physicians, ministers, social workers, State police. Recently a policeman picked up an elderly woman and took her to a State mental hospital. That policeman became a gatekeeper.

We recommend setting up geriatic health screening and evaluation clinics where the elderly can be evaluated and then sent in to an appropriate place, whether that be a home, community care or in some instances a nursing home.

Two, that there be a reorientation of medicaid funding priorities in support of an expanded range of home and community-based services for individuals at risk who wish to remain in the community, and perhaps most importantly, Maggie Kuhn didn't say it quite as forcefully as she usually says it, that medicare and medicaid only pay if you are in bed and it is not for sex education.

Three, and perhaps most importantly, that the States more effectively coordinate the delivery of community-based and home health services to those most in need under medicare, medicaid, title XXI, the Older Americans Act and other related programs.

I think you all know there is a bill wending its way to the surface on the Senate side that would set up a title XXI which may begin to pay for home services. We would support that type of legislation.

Recent statistics serve to emphasize this point, as approximately 39 percent of the total medicaid budget, $18.4 billion in 1978 was spent on only six percent of all medicaid beneficiaries, those residing in skilled nursing or intermediate care facilities. In contrast, only $845 million were spent on home health services by medicare and medicaid in 1978.

Once again if you want to stay at home with family, you are not taken care of. I think the time is now to push aside the notion that nursing homes are all warehouses although we must keep the pressure on them to see they give quality care. We should provide swing beds and let nursing homes become day care centers as well as do away with the insane HEW system of levels of care where you have to line people up and decide they are a skilled care patient today and intermediate care patient tomorrow—one of the

most inappropriate processes we can go through. I think we should take a look at that and put pressure on HEW to alter the system.

Let me switch from medical care to the housing issue.

We all know that housing is a terrible problem for older people. Next to transportation, it is the most difficult one on which to get a handle. We need to do something about housing. If older people are going to remain in their own homes, we must provide incentives for them to fix up their homes to make them barrier free, to add an additional room, whatever it might take for older people to remain in that home.

You heard of the large houses in Philadelphia being inefficient—provide incentives so that older people can make them energy efficient so that they can remain in their own homes.

The loans need not only go to the older individual, but to the family maybe to allow them to take their own home and provide a place for their older relative to live in.

Lastly, on the issue of counseling, you have heard an eloquent discussion of how much counseling can do.

New York is rather unique as we pointed out. Congressman Preyer held some hearings on community mental health on the aged. I think that counseling older adults and families is a critical point. It is not just money or services; it is the psychological advantage of having someone to talk to and someone to complain to.

Let me add a personal note at the end of which my colleague, Mr. Edwards, knows about. My father died about 4 weeks ago. For 2½ years, he lived with my sister who has four children and a husband. My sister was virtually a prisoner for 2½ years, 24 hours a day, she never got out of the house. She could not go out to dinner. She was up at 6 in the morning and sat with him until 2 in the morning.

It was virtually impossible for her to get services for her income was too high. Something has to be done not just for families like my own, but for other families whose incomes are just above the poverty line and need to tap into services.

Perhaps you might want to ask questions of both Dr. Schorr and myself.

[The prepared statement of Mr. Kerschner follows:]

PREPARED STATEMENT OF DR. PAUL A. KERSCHNER, ASSOCIATE DIRECTOR, LEGISLATION, RESEARCH AND DEVELOPMENTAL SERVICES DIVISION, NATIONAL RETIRED TEACHERS ASSOCIATION AND THE AMERICAN ASSOCIATION OF RETIRED PERSONS

Mr. Chairman, I am Dr. Paul Kerschner, Associate Director for the policy, research and program division of the National Retired Teachers Association and the American Association of Retired Persons. I appreciate the opportunity to testify before you today at a hearing which precedes the important activities of the White House Conference on Families which commences tomorrow in Baltimore.

The Associations have been involved in the Families Confrence primarily through the development of a public policy paper on the family and aging. This paper has been utilized by the Conference staff in the preparation of background material for the delegates. It will also be available to the delegates themselves.

Briefly, the document identifies the great amount of support which families are currently providing to their older members. Many families, however, find, that the inavailability of community services causes great psychological, social and financial hardships within the household. Indeed, surveys of families who provide care when asked what types of help they needed, requested the provision of community services, rather than monthly financial assistance. As my colleague Dr. Brody has stated, families do not abandon their older members, but critically require the

presence and accessibility of community services to supplement their own tireless efforts.

The concluding section of the NRTA-AARP paper identifies several specific supports which would be beneficial to families who care for dependent members. I will this morning address Supplemental Security Income, Medicaid, and training/counselling for family members. If permissible I would like to have the remaining recommendations submitted for the record.

Supplemental security income

Our Associations recommend elimination of the one-third reduction in the SSI payment standard which is required when an elderly recipient lives in the household of a relative or other individual. Under current law, an SSI recipient is considered to be receiving "in kind" assistance when he or she lives in another's household and therefore is subject to a reduction in payments.

Our associations believe this reduction is overly harsh and acts as a significant disincentive for families to care for and maintain an elderly SSI recipient with them in their home. At times, the one-third reduction can result in denial of SSI eligibility to elderly persons or can significantly reduce their SSI payment levels. As of June, 1980, the monthly SSI payment standard for an individual living in another person's household will be approximately $159/month or $1,908/year. This is an income standard that falls far below the poverty level.

Another aspect of this problem relates to the institutionalization issue. It is our belief that by removing disincentives in our income support structures like the one-third SSI payment reduction, along with other changes we are suggesting in this statement, we will be fostering a more positive atmosphere for families to keep elderly individuals in their homes and thereby help to prevent, or at least postpone, the inappropriate costly and at times dehumanizing institutionalization of many aged persons.

This would not only save money for the government (since most SSI recipients are automatically eligible for Medicaid which covers nursing home care) but would provide a far better atmosphere for the older individual.

Legislation has been introduced in the House to eliminate the one-third reduction; however, the welfare reform package passed last year by the House unfortunately did not contain such a provision. We support H.R. 1727, introduced by Congressman Rangel and H.R. 2422, introduced by Congressman Weiss and others, which are the main pieces of legislation relating to this issue.

Medicaid

Our Associations believe that the lack of a comprehensive long term care system and the present statutory bias in favor of institutional care must be remedied. We strongly support the "Medicaid Community Care Act" (H.R. 6194) recently introduced by Congressman Waxman and Congressman Pepper, which would increase Federal matching funds 25 percentage points above the current match (to a maximum of 90 percent) for state Medicaid programs meeting certain well-defined conditions. Of the conditions for increased Federal matching funds, we find it most important that: (1) States provide a comprehensive medical and social assessment of each person who may enter a nursing home; (2) that there be a reorientation of Medicaid funding priorities in support of an expanded range of home and community-based services for individuals "at risk" who wish to remain in the community; and perhaps most importantly; (3) that the states more effectively coordinate the delivery of community-based and home health services to those most in need under Medicare, Medicaid, Title XX, the Older Americans Act and other related programs.

As you noted, Mr. Chairman, in your December 19, 1979 Congressional Record statement on H.R. 6194 the staggering cost to Medicaid and to the elderly population in general, of skilled and intermediate nursing care can no longer be ignored. Total fiscal year 1985 costs to Medicaid are estimated to be $42 billion or a full three and one-half times the amount spent on nursing home care in fiscal year 1977. Costs in fiscal year 1990 are estimated to be $75.68 billion. Indeed, this is the fastest growing area of health care expenditures, averaging 16.9 percent per year between 1965 and 1978.

Given the gross inadequacy of Medicare coverage of home health and homemaker/chore services and the severe restrictions placed on the availability of these services by the States in their Medicaid programs, the primary public response to the health and social service needs of the at-risk elderly continues to be the nursing facility. Recent statistics serve to emphasize this point, as approximately 39 percent of the total Medicaid budget ($18.4 billion) in 1978 was spent on only 6 percent of all Medicaid beneficiaries, those residing in skilled nursing or intermediate care facilities. In contrast, only $845 million were spent on home health services by Medicare and Medicaid in 1978.

Training and counselling of family members

Even if, ideally, services are available in the community and the family has some form of income to purchase these services, training and counselling are important aspects of the family life of older persons. Community mental health centers (CMHC) have begun to address the needs of older persons, but should expand their outreach programs. Families should also receive counselling and training through CMHC's in methods of providing care to their family members.

Thank you for your attention to my comments.

Ms. OAKAR. Would you favor the Senate bill that has the $250 tax credit for a taxpayer who maintains a dependent older American?

Dr. KERSCHNER. Absolutely. If you want to take care of the older person in the home, we, the society, will help you do that by providing some tax incentive—I certainly do.

Ms. OAKAR. Let me ask the question perhaps of both of you. I obviously was not here for the whole hearing. Maybe this was covered. What about the role of our attitude toward older people within the family framework where there are children and one of the grandparents is living at home? We have often been told as Americans, whether it is true or not, that in Europe and in China and—I did see examples when I was in China—of an older person being really looked to for guidance and really head of the household.

We have been dealing with practical issues. What about our attitudes in this country? Do we have a negative notion toward the older person? Where is that person in the role of the family?

Dr. KERSCHNER. It is a complex question to answer.

Let me begin by saying that there is not the reverence for the aged that I believe there should be in the society.

There are however, myths about what goes on overseas. I spent 2½ years in Africa and the reverence for the elderly chiefs is deteriorating as the society changes.

One point that needs to be made is it sounds like a copout to say it depends on the family, but for many older people age does not necessarily bring wisdom. Age brings age. Not every older family person should live with the family. There may be problems with a son or daughter-in-law. I think the option should be there. That is what is not available now. The option for the older person to bring to the family setting what he or she might.

I think there needs to be segregated housing for those who desire it. I think there needs to be the housing Maggie Kuhn was talking about. I think there is a lot families can contribute to each other. It doesn't necessarily have to be in the same house, but I think that option should be there.

Mr. SCHORR. I agree. I would put it this way. I think surveys would find ageism and people respond to surveys in terms that are ageist, but people as they live in their own families live wholly differently.

I think there is a lot of support and responsibility for the aged within families. Families differ, of course.

For example, if you ask the American public whether the family is breaking down, the answer you get is yes. Still, the GAO study in Cleveland found that 80 percent of the care provided old people was being provided by families. So it is as if we read our newspa-

pers and magazines and answer survey questions in ageist terms, but that has nothing to do with the way we live.

Maybe that is a good thing.

I would like, if I may, to add one point.

I have a problem with tax credits to provide care for the aged. No. 1, families that have low enough incomes so they don't pay taxes would not get any benefit.

No. 2. there would have to be some system set up for determining who is entitled. Maybe Internal Revenue would audit people, but you can imagine what will happen inside a family when several hundred dollars is available.

Ms. OAKAR. $250 under the bill.

Mr. SCHORR. The problem is with what the recipient will say. There is a lot of care being provided right now that would qualify. I am not sure how the cost estimates are arrived at.

It again requires an individual determination and I think we are so deep in individual determinations that we are already in trouble.

I would prefer to go some way that averages it and pays it out and doesn't require people to establish individual circumstances and doesn't induce people to lie.

Dr. KERSCHNER. My problem with the notion of giving older people funds in order for them to go out in the marketplace is that it assumes a sophisticated resource to manipulate that market, whether that be the social service market under the Nixon administration—I am certainly not suggesting any partiality. He once wanted to have programs for older people to purchase houses on the open market. I don't know how to manipulate this housing market to say nothing of the older person who has been out of the process for a long time.

I would like to give older people control over greater resources. I am not sure the competition exists out there and I am not sure they have the resources to manipulate that market or access to that market.

Ms. OAKAR. You contemplate both of you in a sense the positive area to the families looking after older people and yet many older people are suicide victims. I know of older perople who are never visited by their families, live in public housing, live in isolation, immobility. I guess you would not buy the argument that father took care of 12 children but 12 children can't take care of him.

Dr. KERSCHNER. Yes. That is certainly true. There is a record out called "The Two Thousand Year Old Man." He has 3,000 children and none of them come to visit.

What we are trying to do today is knock down the prevailing myth that children are all dumping parents in the nursing homes and nobody cares. What I think is interesting is what Maggie was trying to get at. Congressman Schumway didn't like her definition of family. I think we need to, whatever we call it, redefine the family more; those isolated lonely, suicidal elderly who need somebody to relate to. I don't care whether you call it a family or group home; that is what they need. There are children that don't care and there are those who don't have children.

It will be an increasing problem for those who do not have children or have only one child.

Mr. SCHORR. When we think of an old person living alone, we think somehow that that is something his children did to him. A lot of people don't want to live with their children.

Moreover, they are invested in their children and their grandchildren. That is the American ethos. They want the money spent on the grandchildren. So that it is not an adult child and his parent against each other. If he is living alone or not getting the spare money they have it is because the adult child and his parents want that to go into the third generation.

About loneliness, there is a lot of loneliness. I don't want to seem not to be attentive to that. People in our business see that more than anybody else, but it is a matter of understanding the bounds.

The Harris poll did a study about 5 years ago and asked of the aged "are you lonely?"

They did something no other surveys had done before. They also asked younger people, are you lonely? If I remember correctly, 14 percent of the aged said they were lonely and on the question phrased the same way, 9 percent of young people said they were lonely. That casts the whole thing differently.

The aged have somewhat more reason to be lonely. Their friends and relatives have died, but it is not the kin of disparity that supports a view that people just are not paying attention to them.

Ms. OAKAR. Housing I think is a very important point. So many people want to stay in their own homes and have to go into subsidized housing primarily because in many instances, not in all, they can't fix the electrical wiring or the plumbing goes bad, and it is a monumental expense to them. But in some instances where they do have older children, it would be nice to see the child come around and fix those leaks.

I have so many instances of this. I know I am probably going by national statistics. I am going by examples that I have seen that defy some of the statistics.

It would be so doable for the person in terms of assisting the parent out of the rap of being more isolated and having the parent remain in a community in which he raised his kids.

It is interesting that the grandchildren don't have the generation gap problem. In some instances they are more and more helpful to their grandparents than the children are.

Dr. KERSCHNER. You raised suicide. Teenagers are first, followed by seniors. The alienation is felt by both groups.

The Cleveland study which was referred to which was an excellent study and long needed—in some ways some of us in aging have done a disservice. I think home care is more human. In the long run it may be cheaper. What is clear is that it is going to cost money, we will have to bite the bullet, in putting those systems in place.

In order to do what you want to do with an older person in a home to mobilize Meals on Wheels day care, all of that, it is going to take money. It is going to take a commitment on the part of both the Federal as well as the local community.

I think that is the way we should — I think that it is the only way you will keep someone independent as long as you can but it will cost some money.

I think we are going to have to realize that. Perhaps the demographics will force it. Enough of us will be at that age that we will get it by demand.

Ms. OAKAR. It is going to involve pooling of services, isn't it?

Mr. EDWARDS. I do have one question.

I think that the tremendous progress society has made in recent years in recognizing the problems of the aged and being sympathetic and responsive is a tribute to the members of this committee and your organization, Dr. Kerschner, among other organizations.

Obviously there is still a lot of sensitizing that remains to be done and very often it is tragic that people can't appreciate these problems until they become old themselves.

Do either of you have any strategies for sensitizing middle-aged and younger people about aging issues in general and about these family issues with respect to aging in particular?

Dr. KERSCHNER. One notion, one of the ways, it would be easy to say yes, give counseling so people know what they are going to be facing. That hits only a small portion of the work force.

One of the ways is to form, I think, unholy or temporary alliances. I think it is time the aging groups got together with the displaced homemakers, with the women's groups, and discuss this and all of a sudden they begin to realize that essentially the daughter has always been the caregiver. If the daughter is going to work, that causes problems for the family and older person. All of these are related.

The way that is going to happen is if the groups share common knowledge and resources to see that they are headed down the same stream.

How do you do that? Obviously, one way is to hold hearings like this. The other way is to begin to educate at the university levels, union levels, at the corporate level, about what is really going on out there.

Mr. SCHORR. I do not have a better answer, I have an oblique answer. One of the problems about people preparing themselves and understanding and being sensitive to the issues is a great deal of confusion about what people are likely to be entitled to in retirement. I think that confusion in part is created by Congress in enacting programs that are ad hoc and in bits and pieces. That is one source of the problem.

The retirement programs ought to be what I have called legible. People want to grow old with a broad, general sense of the outlines of what they are going to be entitled to. I think people once had that. I think they do not now have it because there are so many small programs and so many of them are income tested, and because there is such a broad, general movement to change everything fundamentally.

Just within the past couple of months, we had the spectacle of a just-retired Commissioner of Social Security saying in the New York Times that the whole program wasn't working right and ought to be reformed or ought to be changed fundamentally.

One has to understand when statements like that are made that our retired and retiring population is listening. They really are scared.

So my oblique answer to your question, and it is difficult to bring it off, but I think absolutely essential, is that we ought to get some kind of order in these programs, not legislation bit by bit, except as it fits into some kind of ordered arrangement, so that people broadly grasp what they are entitled to.

And then responsible officials ought to understand when they attack them and say we ought to change this and withdraw that, that they have a responsibility based on what prior governments have done. You can't talk to the public like that, not responsibly.

Dr. KERSCHNER. To add to that, while I want to see medicaid and medicare reformed, to do the kinds of things we mentioned here today, the one danger in it is that that will be used as a sop for not enacting any sort of comprehensive, either health legislation or comprehensive social services legislation like the so-called title XXI. We have to be careful not to do that.

Yes, if it is the mood of Congress right now not to enact any new costly legislation, by all means reform medicare and medicaid and title XXI, but let's keep in mind it is not going to be solved until the sort of doing away with the bits and pieces, that Alvin refers to, is handled.

Ms. OAKAR. I am not going to ask more questions. One comment that you made, Dr. Kerschner, about making the connection between and among groups, I think one of the things that some of us who have been somewhat interested in seeing the equal rights amendments pass, for example in Illinois, one of the things we really haven't done, for someone trying to promote the so-called women's issues, is that we have not connected older women with that movement. In fact, they are the ones who would in many way profit the most and stand to really relate to the inequities the most.

There is something that I know in my discussions with the women who are overseeing these fine organizations, this is the approach, since they are really out in the field now, that I would make to those legislators that don't want to see that pass. In fact, it would relate very well to our older Americans, in particular older women.

I do not think—and I can say this and I fault myself, but those of us, part of that so-called women movement, haven't really involved older women in the manner in which we should. We haven't given them the leadership rolls and promoted them in terms of the issues that affect so many women. They are the poorest people in their country, older women. We have failed to involve them. I think your point was very well chosen.

Dr. KERSCHNER. I couldn't agree more. Aging is a women's issue. Yes, there are men involved, but it is essentially a women's movement and to not enlist older women in the ERA cause, I think, is a mistake. It is based on the notion that you automatically become conservative with age.

We can spend the next 2 months saying the data doesn't support that, but that is the assumption. There are a lot of ladies garment workers unions out there, women's groups out there, older women, who would be, I think, good soldiers in the fight.

Ms. OAKAR. Thank you, sir.

The CHAIRMAN. I wanted to ask you all: Are you sufficiently familiar with the Scandinavian system? Do you know whether under any of their systems the state pays any members of a family to stay with other ill or elderly members of the family?

Dr. SCHORR. I don't know what the Scandinavian system in particular does. A number of countries in Europe do make such payments in a variety of ways. In England they provide a payment to any old person who makes a demonstration that he needs somebody to care for him in the home, and he receives that payment whether he uses it to buy service or not. The principle is that even if he can induce his family to do it, they need that extra payment anyway. There are variations, and I have indicated that I favor giving a higher social security payment at advanced ages, on the generally reasonable assumption that this is where care is more likely to be needed.

The CHAIRMAN. Mr. Branand, do you have any questions?

Mr. BRANAND. Why is it reverse annuity mortgages have not been effective in preventing people from being forced out of their homes? Cleveland is one of the two cities I think in the United States that has used the Federal Loan Bank Board's regulations to provide reverse annuity mortgages.

Dr. KERSCHNER. Our associations are in the process of taking a long, hard look at the whole reverse annuity mortgage issue.

It holds out the promise for a lot of older people to remain in their own home until their death, to get some income in their pocket, and to maintain their independence.

I think what a lot of aging organizations are worried about, a lot of the communities are worried about, is what I think is a holdover myth, the notion that older people will resist annuity mortgages because they want to pass on all their assets to their families, when in fact Gordon Streib and I were just talking about, in fact it is the families, the children, that are more upset about not passing on the assets than are the older people themselves.

I think we are going to have to work long and hard to do away with some of the attitudes about reverse annuity mortgages before it will catch on. I think it is one of the major options coming down the pike. A lot of the groups such as our associations are going through it very carefully because we are not sure what groups are behind it, how do we tap into it, do we recommend to our members that they give up their home?

There are a lot of questions around it that have to be cleared up first. But it has some real promise.

The CHAIRMAN. Anything else?

Well, Dr. Kerschner, Dr. Schorr, we are very grateful to you for honoring us with your presence here today and making valuable contributions to our hearing.

Dr. KERSCHNER. Thank you.

Dr. SCHORR. Thank you.

The CHAIRMAN. That terminates the hearing.

[Whereupon, at 3:10 p.m. the committee adjourned.]

APPENDIX

COMMUNITY SERVICE SOCIETY
New York, N.Y., June 19, 1980.

HON. CLAUDE PEPPER,
Chairman, House Select Committee on Aging
House Office Building, Annex 1, Washington, D.C.

Attention: Miss Pat Lawrence and Gail Jimerson.

DEAR SIR: Enclosed please find a letter from the Central Harlem Senior Citizens Coalition which we submit as an addition to the June 4th testimony of the Community Service Society Natural Supports Program

I would like to again thank you for the opportunity given to the representative caregivers and to me to participate in the hearing. The enclosed photos capture so well the meaningful exchange for these involved and often overlooked adult children of the disabled elderly.

We look forward to the continued work of your committee on behalf of maintaining the aged in the community and will cooperate in whatever way we can. It was a pleasure to work with you and your staff.

Sincerely,

ANNA H. ZIMMER,
Director, Natural Supports Program.

Enclosure.

CENTRAL HARLEM SENIOR CITIZENS COALITION, INC.,
New York, N.Y., June 3, 1980.

MS. ANNA ZIMMER,
Director, Natural Supports Program,
Community Services Society, New York, N.Y.

DEAR MS. ZIMMER: The Central Harlem Senior Citizens Coalition, Inc. is a participant in the Natural Supports Program, under the care giver group with Ms. Madelyn Green, as Group Leader. This program has played an integral part in the lives of each of the individuals involved.

With Ms. Green and Ms. Washington, our group has been able to resolve some of the problems that plague them in their daily activities or just dealing with their immediate family's, or spouse.

Indeed, this concept is long overdue for our Harlem community. We certainly support your organization for a job well done and if we can be of any assistance to you for other meaningful programs, please do not hesitate to call on us.

Sincerely yours,

ELAINE D. MARIUS, *Director.*

THE NATURAL SUPPORTS PROGRAM OF COMMUNITY SERVICE SOCIETY OF NEW YORK

In recent years there has been increasing recognition of the important part played by family, neighbors and friends in maintaining the elderly in the community.

The Natural Supports Program of Community Service Society of New York has developed group services aimed at strengthening the caring efforts of relatives and friends of the elderly.

Participation in a group provides relatives and friends of the aging with: education about aging; information about agencies that serve the aging and benefits to which the aging may be legally entitled; skills training in homecare and in how to obtain legal entitlement. The groups also provide an opportunity for caregivers to
Upper West Side; Central Harlem; Southeast Queens; and Staten Island.
and experiences. At present groups are being organized in: Manhattan: Clinton; Upper West Side; Central Harlem. Southeast Queens; and Staten Island.

In addition, a centralized group meets at the office of Community Service society, 105 East 22nd Street, Manhattan, and an Hispanic group meets in the Clinton area.

In each of these communities, the CSS Natural Supports Program works in cooperation with local community organizations.

To be eligible to attend group meetings, individuals must be helping an older person to remain in the community or expecting to provide help in the future.

The Natural Supports Program would like to reach more people who are caring for an older person. If you know relatives or friends of the elderly who would like to join a group, please have them contact the CSS Natural Supports Program at 254-8900.

The CSS/NSP is funded in part by a Grant No. 2A48A from the Administration on Aging, Model Projects; HEW

COMMUNITY SERVICE SOCIETY OF NEW YORK

BULLETIN

No. 758 • March 1977

They Wanted To Stay Together

Published monthly from September through May by the Community Service Society of New York, at 105 East 22 Street, New York City 10010, to inform contributors of activities of the Society. Second class postage paid at New York, N. Y.

COMMUNITY SERVICE SOCIETY OF NEW YORK • 105 East 22 St., N.Y.C. 10010
a nonprofit, nonsectarian social welfare agency devoted to the improvement of family and community life in the city of New York since 1848.

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Mrs. Andrew Heiskell, *Chairman of the Board*
Douglas Williams, *President*
Charles A. Langlon, *Acting General Director*

printed at CSS

They had been married for many years; they had grown old together; and all they asked now was to remain together, as they had vowed, "until death do us part."

They sat in the shabby but spotless living room —Mr. and Mrs. D, their son John, and the CSS worker. Mr. D and his son told their story in spurts. Mrs. D sat silent. Several times she got up and left the room and Mr. D immediately became uneasy and soon rose to see what she was doing and to bring her back.

Mrs. D was confused and disoriented. She needed to be watched constantly. Mr. D, now in his 70's, had arthritis and a heart condition, but his mind was clear as a bell. He did the shopping, cooking, cleaning and cared for his wife, but it was getting to be too much for him. The son was a salesman and often away. He was greatly concerned, but he could do little.

Father and son had reluctantly agreed that the couple should enter a home. The problem was that it seemed the husband and wife must be separated. He belonged with the well aged. She needed care and would be put with other seriously ill or disturbed older people.

Mr. D's voice faltered as he explained and his eyes filled with tears. "We can't be separated," he said. "There are times when she is lucid and if she were then to look around and see herself surrounded by these sick, disturbed people . . . if she sees herself alone, without me . . ." He could not continue.

Mrs. D seemed to be aware of what he was saying and the two old people looked silently at each other. The love between them, the case-worker noted in her report, was tangible and painful.

Mr. and Mrs. D are still together. CSS provided a homemaker who comes in each day and relieves Mr. D of some of the work of shopping and cleaning. He has a few hours off when he can relax or visit the local senior center. Now that he can turn to the CSS worker for help in an emergency, he feels more confident and can carry on.

Mr. and Mrs. D are one of the families helped by CSS's Natural Supports Program, a

new program which works with adult relatives who provide care for an older person. The "natural supports" are the help that children, a husband or wife, a sister or other relative gives to an older person—the help which is the first line of defense against institutionalization. CSS staff is learning from care-giving relatives what their problems and needs are and how they manage to cope, and is finding ways of reinforcing their efforts. In the long run, the program hopes to offer recommendations, based on experience, for needed government services to help families caring for a physically or mentally disabled older person.

What has already become evident is that many family members are willing and able to continue to care for a mother, a grandmother, a sister, a husband or wife, if only they can get an occasional respite, a temporary lifting of the heavy burden they carry. Sometimes a homemaker or personal care attendant, who will come in once or twice a week for a few hours, will make all the difference.

Sometimes it's a simple matter of transportation. In one case, CSS pays for a taxi which takes a disabled old woman to visit a sister in an-

other borough, and thus gives her daughter, who regularly cares for her, an afternoon off.

The family, as well as the older adult, usually needs counseling and, in every instance, the CSS worker will begin by arranging a meeting with everyone involved in caring for the older person, together with the older person. A major cause of unhappiness is guilt. Often children are overwhelmed with guilt either because they are afraid they are not doing enough, or they may resent the burden placed on them and are ashamed of their resentment. "My mother did everything for me and now I resent taking care of her, and yet . . . she is so difficult," is a typical reaction.

There are other problems: Some children become overprotective and foster dependency in a parent who needs care. Sometimes there are intergenerational problems—as in the case of a married daughter who must juggle the demands and needs of her bedridden mother and of her husband and teenage daughter. There is resentment at a mother who seeks to manipulate others. There is the frustration of trying to care for someone who is senile or physically helpless.

Through counseling, family members learn to accept some of their feelings and resentments as natural, to overcome their guilt, to set reasonable limits for what they can and should do. They learn that caring for a loved parent does not mean that they must sacrifice their marriages or their own lives completely.

The Natural Supports Program offers other kinds of help also. Sometimes families need information and assistance in getting a homemaker or medical care. They need help in dealing with public agencies or in obtaining legally mandated benefits.

Many programs serving the aging concentrate solely on the needs of the older person. Government will step in and provide institutional care when care at home seems untenable. But until now, few if any agencies made any attempt to deal with the total family and to work out ways of strengthening the family's efforts to provide care. CSS's Natural Supports Program is breaking new ground. It is assisting the aging to remain in their own homes or with their children by giving a helping hand to the *entire* family.

COMMUNITY SERVICE SOCIETY OF NEW YORK

BULLETIN

No. 780 • March-April 1980

Making It Easier To Care For The Aged

The COMMUNITY SERVICE SOCIETY BULLETIN (USPS 126-900) is published five times a year—January, March, May, September and November—by the Community Service Society of New York, 105 East 22 Street, New York City 10010, to inform contributors of activities of the Society. Second-class postage paid at New York, N. Y.

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Strengthening the COMMUNITY
Providing SERVICE
Building a better SOCIETY

105 East 22 St., N.Y.C. 10010
(212) 254-8900

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General Director

The *Bulletin* is published by the Department of Public Interest
Carol Feinman, *Director*
Vera C. Avery, *Bulletin Editor*

printed at CSS

"Are personality changes common among old people?"...

"I'm finally learning to go along with my husband. I no longer try to get him to do what I think is right for him."...

"My mother was under a doctor's care right along. Yet when he discovered she had cancer, it was already inoperable."...

The speakers were three women, members of a "caregivers" group, organized by Community Service Society, which meets once a month to discuss and get help with the problems and stresses they experience in taking care of an aging relative or friend.

At a recent meeting, Thelma (all names are disguised) asked the group, which included six other caregivers, a graduate student nurse from Hunter-Bellevue who was a guest that evening, and the CSS social worker, about the sudden changes in her mother's behavior which greatly troubled her.

"My mother has sporadic personality changes that astound me," she said, "and I don't know if this is to be expected. She will be her normal sweet self and suddenly she becomes an ogre. She is downright belligerent, even violent. She tries to scratch me or the homemaker. Last time she did this I slapped her on the hand—and that goes against the grain." Her 85-year-old mother has suffered brain damage from progressive arteriosclerosis.

Thelma continued: "I approach my mother now as if she were a child, because now she is a child, and I must be firm and chastise her if she becomes uncontrollable. But it's very hard to chastise your own mother."

The nurse reassured her by explaining that this was a very common condition among the aged. "Try to be patient but firm," she added.

Anna, an elderly woman who cares for a husband in his 80's who, she mentioned, had five operations last year, compared Thelma's situation with her own and contributed a comforting insight.

"Your mother probably resents her inability to do what she wants to do. She's frustrated and mad at the world. Those who have never been too active, like my husband, find it easier to adjust when their activities become limited."

Next, Anna reported on an improvement in her situation. At the previous meeting, she had told the others about her resentment and anger when her husband stubbornly resisted her efforts to engage him in some interesting ac-

tivity or to get him to eat foods she thought good for him. The group had advised her to stop imposing her wishes.

Now she told them, "I think I'm finding it easier to keep quiet and not to stress what I think is right. He's going to do what he wants anyway. When I go along with him and am pleasant, that seems to make him happy . . . and I find that I'm happier too."

She glowed as the group approved of her new approach, and it obviously helped her as they sympathized with her situation.

Another caregiver, Jane, is caring for a father in his 90's, but seemed to be struggling to understand and adjust to the recent ordeal of her mother's death from cancer. Why did the doctor suddenly call to tell her that her mother had inoperable cancer and to rush her to the hospital when the mother had been under his constant care? The mother had been admitted to a city hospital and Jane had been unable to transfer her to Sloan Kettering. Why? Why had no one told her about hospices for the terminally ill? She had heard of cancer patients being given megadoses of vitamins. Did this help and why didn't the doctor try this with her mother?

A discussion followed about the importance of good nutrition and vitamins, the advantages of municipal hospitals vs. voluntary hospitals, and how hospices operate. It was obvious that others too had felt helpless and frustrated in dealing with doctors and hospital staff who did not fully explain an older patient's condition and treatment, and the group's understanding seemed to help Jane.

"It sounds like you're still pretty angry about your mother's death," commented the social worker. "Let's talk it out next time."

Caregivers' groups, such as the one described, have been organized in various areas of the City by CSS's Natural Supports Program. Working usually in conjunction with a neighborhood organization—a senior center, a settlement house, a church or other agency—CSS has formed groups which meet on the Upper East Side, Upper West Side, the Chelsea/Clinton area, and central Harlem, in Manhattan; in southeast Queens; and in Staten Island. Other groups are being formed in other areas.

The term "natural supports" refers to the families, friends and neighbors who are the first line of support for older people in need of care. In enabling these caregivers to meet regularly to share their concerns and give each other mutual

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support, CSS is encouraging them to continue to provide care and hence to maintain the disabled aged in the community as long as possible. Essentially then, help for the "natural supports" is a means of helping the elderly to avoid unnecessary institutionalization.

Small groups which meet regularly often evolve out of an initial community-wide meeting or series of meetings held by CSS and a local co-sponsor. At these large meetings, social workers, physicians and other professionals speak on such topics as what to expect as people age; the needs and legal entitlements of the aging; where and how to get services. Small group discussions also are held. Participants at these meetings then have an opportunity to form a smaller, ongoing group.

These smaller groups also vary. Usually they start with a CSS staff member providing leadership; often they evolve into self-help groups, with one of the caregivers acting as the group leader. Some groups invite outside speakers to provide information and advice on given topics. Others meet primarily to share their experiences and learn from each other how to cope with mutual problems.

Groups differ also in the socio-ethnic backgrounds of their members. In addition to helping the individual caregivers and through them the aged for whom they provide care, the program is exploring what kind of group approach works best with what type of caregiver. Information gathered will assist new groups in new neighborhoods to develop the kind of program best suited to their needs. CSS is also gathering data on the needs of caregivers—a population to which government has paid little heed. CSS Natural Supports staff testified recently before hearings of the New York State Legislature and the City Department for the Aging to recommend needed legislative reforms. The CSS Natural Supports Group Program is funded, in part, by the HEW Administration on Aging—a recognition of the potential value of its findings to other communities.

As the number of older elderly—those 75 and over—increases, inevitably there are many more middle-aged children or aging spouses who are called on to provide care for older relatives. However willingly and gladly this care is given, it can become a heavy burden. CSS is not only helping to ease their burden, but also demonstrating ways of enabling the aged to live their last years among their loved ones.

COMMUNITY SERVICE SOCIETY
Bronx, N.Y., May 1, 1980.

DEAR CARMELA: In accordance with our decision at the last meeting, I'm offering my opinion.

1. Persons who are handicapped, disabled or homebound should be provided with ambulette transportation to and from doctors offices, hospitals and other necessary visits to maintain their physical and mental health. This should be covered under medicare.

2. Long term health and physical therapeutic care, the present programs are short term and do nothing to stimulate recovery.

3. Provide home makers or aids for longer periods of time releasing care givers the worry, tension and guilt that comes from the stress of long time care.

Sincerely,

MARION BANILE.

NEW YORK, N.Y., *May 27, 1980.*

Hon. CLAUDE PEPPER,
Chairman, Select Committee on Aging,
House of Representatives, Washington, D.C.

DEAR CONGRESSMAN PEPPER: Like many others I am neither poor enough nor rich enough to be able to live without the constant stress of not enough money to pay for medical and prescription drug bills.

My husband and I receive Social Security benefits, which combined are $615.90.

February 1976 my husband fractured his hip.

July 1977 my husband suffered a big heart attack. About a month after his return from the hospital he developed a bronchial cough.

September 1978 I underwent a mastectomy.

April 1979 a malignant carcinoma was removed from my mouth.

Because of my husband's cough it was necessary to visit an allergist weekly, October 1977 through March 1978, and as he was too frail to use public transporation I estimate taxi fares at around $240. Prescription drug bills were huge: September 1977 $152; January-November 1978, $372; 1979, $245.

In January 1978 I took out a "passbook" bank loan of $800 to be able to pay the balance of medical bills not paid by Medicare in 1977. From 1978 to the present I have withdrawn a total of $3,506, from rather small savings, in order to keep up with medical bills and prescription drugs not covered by Medicare, all resulting from the above illnesses.

I made inquiries about SSI and Medicaid and learned we are not eligible for either. I also inquired about some government agency which might give us a low-interest loan to carry us over this financial hump.

It was at this time that I called on Community Service Society for help and found out about their Natural Supports Program. Because of this Program I have received material help and mental confort. Since April 1978 the Program has paid to have a person help clean my apartment, also I have been receiving $30.00 a month respite money. This Program has been invaluable to both me and my husband. The Program has instituted group meetings for Caregivers like myself, giving us an opportunity to talk together about our problems in an understanding environment.

In an article which appeared in the The New York Times, May 20, 1978, Congressman Pepper you wrote—"A report prepared by the General Accounting Office shows that 'until older people become greatly or extremely impaired, the cost of nursing home care exceeds the cost of home care, including the value of the general support services provided by family and friends.'"

"Medicare regulations affecting home health care are too stringent."

Congressman Pepper I hope your Committee can help.

Sincerely yours,

ALLYN CHAN.

I firmly believe I was born to care for my parents the rest of their lives. The past fifteen years have been hectic for my husband and I, my father was totally blind, my mother is helpless in a wheel chair, suffering from arterioselerosis.

We both hold a full time job although we are of retiring age. It's been fourteen years since our last vacation, this is causing us emotional and physicial stress, financial burden, for the care and maintenance of my parents apartment. Not being able to visit with my children and their family to enjoy the growing up of my grandchildren.

I thank god for the day I read about C.S.S. natural supports program, it has helped us to understand, and cope with our situation, with their help we were able to have two Sundays a month to ourselves. Our society and government is neglecting the needs and problems of our senior citizens.

Although the funding of the NSP is expiring this June, we the care givers, will continue to meet once a month. I am not giving up hope that eventually more people will get involved and realize the importance of this program. A better understanding for our seniors from their families and other groups of our society and public agency.

I remain,

Yours truly,

FRANCES CUSUMONO.

A. PHILIP RANDOLPH SENIOR CENTER,
New York, N.Y., May 22, 1980.

To whom it may concern:

Mr. Warren C. Blackman, Director, has organized the Caregivers Group at the A. Philip Randolph Senior Center to work with the Caregivers Group of the "Natural Supports Program".

Caregivers are notified of meetings by letter. The response has been gratifying. Clients serviced include amputees, wheel chair patients, bed-ridden patients, etc.

Each Caregiver is given time to discuss his or her problems, after an open discussion led by Mr. Blackman.

Transportation is a problem at this time, especially for wheel-chair patients who need special handling in transportation.

The Caregivers Group is one of the best organizations involved in working with older adults.

HENRIETTA PHILLIPS, *Caregiver.*

My father is 92, legally blind, very hard of hearing, frail, forgetful and increasingly reluctant to be left alone, even for brief periods.

I have a full-time job which takes me away from the house 10 hours a day, five days a week. I provide for all of my father's needs and the major part of his financial support. He is not eligible for government assistance, other than that provided by Medicare. Help from other family members in unavailable.

The assistance I have received from the Natural Supports Program of the Community Service Society in New York has been a godsend. Through them I have received the advice and encouragement of a professional social service worker, which has been invaluable in times of particular stress.

They have provided a reliable homemaker several hours at a time, several times a week. This has been a tremendous help in relieving the anxiety I experience about leaving my father alone.

In addition, through CSS, I am part of a group forum which meets regularly under the guidance of a professional counselor and consists of people in similar circumstances. These meetings enable us to share our concerns, provide mutual support, and exchange suggestions for ameliorating our various situations.

Quite simply, this assistance, though of very high quality, is not enough. My alternatives, at present, appear to be: To relinquish my job and devote myself to full-time care of my father on a greatly reduced income, psychologically a devastating prospect; or, to hire a full-time attendant and turn the major part of my salary over to that person.

ROSE SCOTTI

NEW YORK, N.Y., *May 19, 1980.*

DEAR MRS. KASCH: Just a note to let you know what the "Natural Supports Program" meant to just one person—me!

As a "Caregiver" my schedule was at work 9-5—from 5:30 until the following morning I took care of my 90 year old mother at home.

On weekends I was "on duty" 20 hours out of the 24—until your program came along I had no time of my own and often felt that the 4 walls were closing in on me.

Cancer families have "Cancer Care"—alcoholics have "Al-Anon"—Caregivers had only their dedication and love of their elderly—when your program came along, how I relished a walk around the block, an hour in the park to sit and read, or

enjoy a movie the first ime in 5 years! Or to talk to someone when problems seemed insurmountable; and to share these problems with others, as in our group meetings.

It's a statement of fact, your "Natural Supports" program has helped keep us on an even keel more than once and made us better "Caregivers" because someone thought about us and did something to show they cared.

Please continue the program—as long as there are Caregivers—we need you. So do the elderly.

AMELIA TEPLICK.

[From the Wall Street Journal, Friday, Nov. 16, 1979]

AGING AMERICANS—CARING FOR THE ELDERLY GREATLY CHANGES LIVES OF MANY U.S. FAMILIES

OLD ATTENDING VERY OLD, DOUBLE GENERATION GAPS HAVE BECOME COMMON

Mrs. Cassidy and the Palmers

(By Amanda Bennett)

On New Year's Eve two years ago, Frances Schreiber, then 90 years old, couldn't climb the stairs of the tiny house she had shared with her daughter for over 20 years in the New York City borough of Queens.

"I got behind her, pushed, shoved and tugged, and prayed I didn't fall," recalls her daughter, Lea Cassidy. Finally, the two made it, and the older woman was tucked safely into bed. She hasn't been downstairs since.

Mrs. Schreiber's health had been failing for years, mostly from age-related causes. During the two years since that episode, her decline has quickened, and she has lost the ability to walk and to speak. Now she must be lifted from bed to wheelchair every day, bathed, dressed and spoon fed. She needs clean linen frequently and cannot be left alone for more than a few minutes.

Despite the constant care her mother requires, Mrs. Cassidy has continued to keep her at home, with daily help from a government paid attendant. "I think I can give her better care here than she'd get in an institution," she says. But Mrs. Casidy, who is 69 and has been a widow for 11 years, has paid a stiff price for that choice. "I've lost my mobility, my privacy, my independence," she says.

Sociologists see cases like Mrs. Cassidy's as part of an increasingly difficult problem. Longer life spans are helping to complicate the lives of many people who, willingly or unwillingly, wind up caring for their elderly parents for many years.

Not only are some people like Mrs Cassidy loooking after aged parents at a time when they otherwise would be retired, but many middle-aged Americans are caught in the "sandwich generation," as some sociologists call it: Their parents need help just as their own children are adolescents requiring the most attention.

Population impact

The number of people called upon to help care for an older parent will keep growing as the aged population keeps growing. At the turn of the century, one person in 25 was over 65 years old. Now the ratio is one in nine, and it is expected to be one in seven or eight by the year 2000.

The greater number of elderly and the demands they are likely to place on their children and their children's children have "implications for every member of every family," says Elaine Brody, chief researcher at the Philadelphia Geriatric Center. "It is a very serious problem," she says, because decisions the middle-aged children make about their parents will also greatly affect how they, and their own children, spend a large part of their own lives.

Most children' do come to the aid of aged parents when problems of failing health and infirmities arise, social workers say, and 5 percent to 70 percent of all day-to-day care required by these elderly parents is provided by the children.

Only about 50 percent of the elderly eventually wind up in nursing homes, and many of those don't have any families. Long waiting periods for admission to many institutions, in any case, often make it necessary for families to take in incapacitated parents in the meantime. Many other families find their incomes are too high to qualify for government aid for nursing-home care but too low to afford it themselves.

An added burden

For families with other problems, taking on the care of an elderly parent can be agonizing. As Joseph Califano Jr., former secretary of Health, Education and Welfare, told Senate hearings on aging last year, choosing to help elderly parents can

severely stretch a family's physical, emotional and financial resources, "sometimes to the limit."

Services to help families through this period are often inadequate or hard to locate. And caring for aged parents is often a very difficult job. "Maybe that's why there's a Commandment about it—because it's so difficult to do," says Anna Zimmer, director of a Community Service Society of New York program that helps families who are caring for older relatives.

Many older people, of course, are active, involved and independent, some with adequate resources of their own. Like Mrs. Cassidy, many are still giving care rather than receiving it. But the longer the life span—and almost 2.3 million Americans now are over 85—the greater the chance that the death of a spouse, an accident or changes in health or financial status will turn an independent parent into one requiring help, from children or someone else.

The elderly themselves often dread losing their autonomy and facing the end of their lives. But the burden on middle-aged children is more than physical and financial. Accepting a reversal of the roles of guardian and ward is difficult for many middle-aged people, says Sheila Purdy, a supervisor in the Family Services Association of Greater Boston. "All their lives, they've seen their parents as strong people," she says. "Now, suddenly, they have to be strong."

The new guardians then often put great demands on themselves. "There's this idea, 'I'll take care of you just like you used to take care of me,' that's very prevalent in our society," says Lois Blume, director of the Department of Gerontological Services Administration at New York's New School for Social Research. When that ideal proves unattainable, family members are often overcome by guilt and anger.

In cases where this new burden falls on a family with adolescent or college-aged children, painful choices sometimes have to be made. Will money be used for grandma or for the children's college? In other cases, the decision is between a post-retirement trip to Europe and staying home to care for an aged parent.

"It's a no-win situation," Miss Purdy of Boston says. "Either way, you feel guilty."

Enormous guilt also often results if a family decides to put an elderly member of the family into a nursing home. Sometimes the older person fosters the guilt feelings: A Michigan woman who put her terminally ill aunt in a nursing home after caring for her for many years laments, "To the day she died, she didn't speak to me."

The guilt, frustrations and conflicts that can arise when a family takes on the care of an elderly parent are apparent in a close look at two situations: Mrs. Cassidy's care of her elderly mother and the case of Ned and Donna Palmer of Dexter, Mich., near Ann Arbor, and how their family was affected when Mr. Palmer's elderly mother moved in.

NED AND DONNA PALMER

In September 1978 Ned Palmer called his sister with a terse message: "Mary, come get Mother."

With the care of the elder Mrs. Palmer thereafter temporarily transferred, Ned and Donna Palmer breathed a sigh of relief. But in the year since then, the family has kept rehashing the situation to try to figure out what went wrong.

"I'm not sure we handled it as well as we could have," Donna Palmer says. "I wonder if we were too selfish." Still, as she talks about that time, she especially remembers feeling "trapped" by the responsibility. "I just couldn't take it anymore."

Like many others who try to move an elderly parent in with their families, the Palmers found that love, respect and good intentions sometimes aren't enough. Personality conflicts, loss of privacy and radically different ways of life are often almost insurmountable obstacles.

Four of her seven children live in rural areas around Ann Arbor. They decided to pass her, like King Lear, among them. Ned and Donna volunteered to be first, says Donna, because they felt at that time they could best handle the additional responsibility.

Converting the family room

Ned, 42 years old, and Donna, 40, have six children ranging in age from four to 20. The eldest, John, was in the Air Force, but the other five were home. The Palmers decided to convert the family room to Helen's use.

It took only a few weeks for the strain of the close quarters to be felt. Because Helen Palmer watched TV in the living room, 16-year-old Karen couldn't play the piano there anymore. The room was filled with toys for Paula, the youngest, and there wasn't room for everyone at once. "It was too cramped, our life style was being changed," Donna recalls.

Ned soon realized another problem: He couldn't send his mother to bed at night as he did the children. "I needed time alone with Donna besides locked in our room," he says. Karen and her 15-year-old sister, Laura, didn't like having an extra listener to their private conversations: "We weren't deliberately whispering or anything. We just needed to talk alone," Karen says.

The biggest difficulties, though, were personality differences. Donna is an active, driving woman; Helen is more passive. Each found the other's style onerous. "She never nagged, but I felt she didn't approve of my active life style," Donna says. For her part, Helen Palmer says she felt "pressured to do things I didn't want to do." Her favorite activity besides watching television is reading Reader's Digest Condensed Books. And she sleeps a lot.

Although her efforts weren't especially appreciated, Donna says she viewed more activity as an antidote for Helen's recent depressions. "Sleep is next to death," Donna says, "It's an escape. Every so often. I'd have to get after her just like I did my 11-year-old."

Family members found themselves helping Helen with a myriad of small things they never expected. "She'd say, 'Donna, my pills aren't here,' but not offer to get them," Donna says. And the children remember being called in from the next room to adjust the television volume, when they felt she was able to do it herself.

Family harmony deteriorated. "Mom, got crabby" Karen says. "Then Dad would come home, and he'd be short-tempered. It got so nobody wanted to talk at the table.

Because they liked their grandmother, the growing tension bothered the children, even though they contributed to it at times. "We knew Grandma as a nice old lady we'd visit who'd give cookies to us," Laura recalls. "She's a great card player," says Brian, 18. However, when they all began living together, they found they also had to deal with such things as her chain-smoking and the sharing of a communal bathroom.

After living with her daughter Mary for a time, Helen Palmer now lives with the family of her son Michael. But Ned Palmer says, "If Mother gets sick again, I don't think my brother could handle it" (and Mike Palmer agrees with that assessment). So Ned Palmer says his mother may return to his house sometime. "I'd do it again. I'd do it again the 10th time if she needs help. Anyone would do it for Mother."

Donna agrees, since now she has a better idea of what to expect. She adds, "Anyone who takes their parent into their home should know, as much as you love them, there are going to be troubles."

When Frances Schreiber first moved in with her daughter, Lea Cassidy, 20 years ago, she was 70, but strong-willed like her daughter. "She was stubborn," Mrs. Cassidy recalls, "but she gave in before I did." She was active and involved then, writing poetry often. A black leather case containing 70 years of her patriotic and sentimental poetry remains in her room, and she smiles when it is mentioned.

Frances Schreiber, once a large and hearty woman, now is tiny and frail, and she can do little for herself. The first thing each morning, she must be lifted out of bed so she can be bathed, dressed and fed.

A daytime attendant provided by a social agency usually performs these chores, with help from Mrs. Cassidy. But the attendants have proved unrealiable, and when a visitor arrives one morning, Mrs. Cassidy is spooning chopped egg and cereal for her mother because the attendant hasn't arrived.

All the while, she chats with her mother, who can no longer speak at all. She tells her about the visitor, about the weather. "I usually tell her where I'm going, what I'm doing. I tell her about my tomato garden and about the rest of the family," Mrs. Cassidy says cheerily. "She was always a woman of words. It makes me sad she can't speak now."

The room, overlooking a tiny garden, is pink and calm, and Mrs. Cassidy remarks, "As long as I'm able, I'll keep her here. Nursing homes mean well, but they can't give her this kind of care. I want her well-fed. I don't want her to spend too much

time in bed. I want her to be clean and to have people around her," she says, holding her mother's hand.

Lea Cassidy made this choice voluntarily, although the government would have paid for nursing-home care because of Mrs. Schreiber's low income of $239 a month, mostly from Social Security. But Mrs. Cassidy's experience shows that providing the care isn't easy, even with the help of an attendant, and it has deprived her of flexibility in her life.

Mrs. Cassidy had part-time help for years. Some time ago, when she was working as a medical receptionist at a nearby hospital and her mother was growing increasingly confused, a daytime aide kept Mrs. Schreiber from burning herself, getting lost or becoming terrified. But at night Mrs. Cassidy was on her own when her mother began to wake and wander, complaining, "Lea, I can't find my room." Because care of her mother was becoming a full-time job, Mrs. Cassidy quit her receptionist job.

Ever since last May, when Mrs. Cassidy had cataracts removed from her eyes, she has had full-time day attendants. That itself is sometimes difficult, especially when high turnover means "one more stranger in my house"—and one more round of teaching household procedures.

Erratic performance

"Sometimes they take good care of my mother, and sometimes they don't," she says. Sometimes they show up on time, and sometimes they don't show up at all. When they don't like the work, or don't come, Mrs. Cassidy does it herself, although she can't do the lifting very well by herself any more. On those days, her mother must remain in bed all day, which Mrs. Cassidy doesn't like.

Mrs. Cassidy notes that, since the attendants are government-paid, because of the family's low income, their hours and work conditions are set by New York City. Although Mrs. Schreiber needed full-time care, the agency sent only one person to work the 12-hour, seven-day-a-week job alone. The long hours and low pay (less than $3 an hour), Mrs. Cassidy feels, contribute to the frequent turnover. "I don't blame them for quitting," she says.

Nonetheless, she can't get along without them. The lifting and the bathing, for example, are too strenous. And hiring help herself is out of the question: Others in the same situation report paying up to $2,000 a month in wages and benefits for attendants on a 12-hour or 24-hour basis. Mrs. Cassidy's own income from Social Security and a small pension totals only about $6,000 a year.

Little escape

She can't often go away overnight or for weekends. The attendant works only daytime hours. Should she hire nighttime help, it would cost her at least $100 a weekend. Even with the attendants, Mrs. Cassidy doesn't leave the house for very long during the day, especially when the aides are new. ("I do try to get out for a little bit every day," she says, if only "just to walk around.")

Although Mrs. Cassidy has planned her life around her mother, she says that life wouldn't be very much different without her. She might travel some, become active in her church or visit her three children, she says. Right now, her activities stem from her situation with her mother: She belongs to a watchdog group that oversees nursing homes, and she has a group, called "Caring Relatives," which meets monthly in her home to talk over their problems in caring for their aging parents.

One question she considers is "What's next?" She hopes she outlives her mother and remains in good health herself. "In an emergency, I guess, she'd just have to go to an institution," she says, as she feels no other relative, including her children, would be up to the task.

She also thinks of her own old age. Ironically, if she ever becomes incapacitated, she would like her children to get involved, but only to choose the best possible nursing home for her—"one where I'll be looked after." She doesn't want her children to care for her at home. "I wouldn't want to put them through this," she says.

Staten Island Interagency Council on Aging

The Natural Supports Committee of the Staten Island Interagency Council on Aging has been working together with the Natural Supports Program of Community Service Society for the past three years to develop group services for the informal supports of the aging on Staten Island. Community-wide programs have been developed in each of Staten Island's three Community Board areas and series of small time-limited as well as ongoing group discussions have evolved. The Committee is presently assuming a technical assistance role and offering its expertise to assist

community groups and organizations in developing group programs. The Interagency Council has also created an Information Directory listing services, resources and public benefits available to the Staten Island elderly and their natural supports.

The purpose of the groups is to provide practical information regarding the aging process, how to care for the disabled, and community services for the elderly in addition to helping caregivers cope with both individual and family stresses related to their caring roles. A major focus of the groups has been to provide the opportunity for caregivers to meet with others in similar situations to exchange helpful information and to offer one another peer support. Of special interest is the development of peer support networks through which caregivers help and support one another.

There has been overwhelming community support and interest in the development of group services for caregivers. Over 30 community professionals and leaders have been involved in program development and implementation and over 125 caregivers have participated in groups to date. Caregivers' responses to the program have been most positive. They have reported that information obtained at group meetings has helped them in their daily caring responsibilities and in obtaining community services and entitlements. They have shared this information with others who have also benefitted. Through their participation in groups, caregivers have been able to recognize the universality of their concerns resulting in an increased perspective and comfort; been able, in many instances, to share their feelings and stresses for the first time in an accepting environment; been able to learn new ways of looking at, coping with, and addressing their problems; and have received peer support toward strengthening their caregiving role. There has been repeated indications that such supportive services for caregivers strengthen coping capacities which serve to enhance the quality of life for the elderly and to enable the aging to live in the community for as long as possible.

In addition to requests for information, skills training, the opportunities for peer support, repeatedly emphasized has been the need for the development of concrete supportive services on Staten Island for its caregivers and their elderly; specifically, a Day Care Center for the elderly, a hospice facility; the provision of a mobile geriatric outreach team for the homebound; funds to enable the purchase of home care services to provide respite from the caring role; and the availability of casework services to address the concerns of the elderly within his/her informal support system. One group of caregivers initiated by the Committee has assumed a social action focus and is presently working with the Staten Island professional community, other caregivers, and the elderly to explore the development of a Day Care Center and a mobile geriatric outreach team on Staten Island.

State Agencies must and can play a vital role in complementing the Natural Support System of the elderly. It is recommended that State funding be earmarked for staff, as well as ancillary home care and transportation services for the development of group services for caregivers to be administered on the local level. Also, the provision of State funds for respite for caregivers, a Day Care Center, hospice facility, and mobile geriatric outreach team on Staten Island must be explored.

It is through the cooperative efforts of the State, the local community, and caregivers that the Natural Support Systems of older people will be strenghened and the quality of life of the Staten Island elderly enhanced.

Respectfully submitted by:

BETSY DUBOVSKY,
Chairperson,
Natural Supports Committee.
EUGENE CUTOLO,
Chairperson,
Staten Island Interagency Council on Aging.

CROSSROADS LAENCRUCIJADA,
New York, N.Y., June 2, 1980.

MRS. ANNA ZIMMER,
Director, Natural Supports Program,
Community Service Society of New York, N.Y.

DEAR MRS. ZIMMER: I am writing in support of your program to aid caregivers, persons who are engaged in caring for another person, such as a relative, close friend, or companion. As you know, we are involved in helping senior citizens through our Title III-C Nutrition Program for the Elderly. However, our funds and resources are limited, and we cannot always help all of those clients whom we wish

to help. With the Natural Supports Program's technical assistance, we are able to assist caregivers also, and to refer potential caregivers to your program.

I wish you success as you endeavor to assist caregivers, and I hope that your program continues to grow and to develop, as a result of the leadership and sponsorship of the Community Service Society of New York.

Sincerely,

CHARLES H. JACOBS.

FAMILY SUPPORT SYSTEMS AND THE AGING: A POLICY REPORT

(Prepared jointly by National Retired Teachers Association, American Association of Retired Persons, and Wakefield Washington Associates, editors and publishers of The American Family, the national newsletter on family and public policy, in cooperation with the White House Conference on Families; developed under a grant from the Levi Strauss Foundation.)

PREFACE

The National Retired Teachers Association-American Association of Retired Persons and the editors of The American Family joined forces to prepare this paper because we were concerned that the important relationship between older and younger family members might not otherwise receive the attention it deserves in the 1980 White House Conference on Families or the 1981 White House Conference on Aging. We believe these relationships are destined to become increasingly important as the entire U.S. population matures during the next few decades.

We shared our concerns with the staff of the White House Conference on Families late in the summer of 1979. They encouraged us in this endeavor, suggesting that we look at the family as its own support system, particularly in the long term care of the dependent members and the government's role in facilitating this care. Successive drafts of this paper were reviewed with the White House Conference staff for our guidance and their use in preparing background papers for the Conference.

Although we confined the scope of the paper to the family as a support system in the care of its older members, we realize that this is only one of the options, albeit a vitally important one, for care. The full continuum of support options, from the development of "surrogate families" and informal support networks for persons without families to professional nursing care and hospitalization, should also be available. Each of these options is itself an appropriate topic for future policy research.

Interviews with key researchers in the field, such as Dr. Marvin Sussman and discussions with policy specialists, including the staffs of the House and Senate Committees on Aging and many others in the government and private sector, convinced us that the timing of this paper was particularly opportune. We see the following forces converging to give this report a special relevance for policy makers in the public and private sectors during the 1980's:

The growing political, economic and social importance of the increasing number of older Americans;

The expanding family policy concerns of the public and private sectors, especially the recognition of the need to view family holistically, rather than only in terms of its component parts;

The continuing role of the family as the primary caretaker of its older members;

The belief of policy makers, confronted by budget restrictions, that the family should bear more of the expense of caring for older members.

The preparation of this policy paper would not have been possible without the support of the Levi Strauss Foundation. We are especially granteful to the Foundation for its grant.

Those persons responsible for its preparation are the NRTA-AARP Institute of Lifetime Learning staff, Dr. Sandra Timmermann, Head, and Kathleen Chelsvig, Associate Head, and Rowan Wakefield and Grace Belfiore, Co-Editors of the American Family. Kathleen Chelsvig served as the major author of the paper.

We particularly appreciate the guidance given by Dr. Paul A. Kerschner, Associate Director, NRTA-AARP, Division of Legislation, Research and Development Services, in conceptualizing and implementing this project, the literature search and consultation by Dr. Elizabeth-Robertson-Tchabo; the constructive criticism of the paper's early drafts by many NRTA-AARP staff members; review of the paper by Dr. Richard Connelly; the research assistance of Deborah Kramer; typing of the manuscript by Shirley Morris; and the final editing by Darrell Fearn.

Most American families are very concerned about their older members. Interaction between family members occurs frequently, and there is a good amount of sharing of resources, both monetary and non-monetary.

Since demographic trends indicate a greater number of frail elderly in the future, however, many families will need to provide older members more frequent and demanding care and support. As the number of frail elderly rises, policy makers should begin to examine as models those families who have developed their own support systems and identified various types of services they need to function effectively.

Composition of the family support system

It is important to examine briefly the overall composition of the older persons' family since the size of the extended kin network sets the limit on potential caregivers within a family. The majority of older persons are part of a family or kinship system. In 1976, approximately 12 percent of families in the United States were headed by a male over 65 years of age. Of these families, 80 percent consisted of a husband and wife. The remaining 20 percent lived in families which included other family members, such as adult children, grandchildren and siblings.

Siblings and children are a major component of the kin network. Half of all women in their sixties are widowed, but six out of seven have at least one serviving sibling. For example, Clark and Anderson (1967) found that 38 percent of their respondents had a living spouse, while 61 percent had a living child and 93 percent had living siblings.

Interaction patterns

An understanding of family interaction and care patterns helps refute the myth that families neglect their older members. Interaction patterns can be examined in terms of residence location, interaction frequency and mutual aid.

Residence location

Most older Americans live near at least one of their children. The proportion of older persons who live within ten minutes of a child has not changed significantly in twenty years. In 1957, 50 percent of older persons lived within ten minutes of a child, 61 percent did in 1962, and 52 percent in 1975. Today, approximately 84 percent of older persons live less than an hour from at least one child.

Both older persons and their children expressed their preference for "intimacy at a distance"—living close to one another, but not in the same house. This arrangement prevails among widowed women until chronic illness; among men until they are widowed.

Interaction frequency

Although living near one's child does not necessarily insure frequent interaction, there is considerable research to indicate a high rate of interaction among families. Harris and Associates (1975) found in their national survey of older persons that 81 percent of respondents had seen a child or grandchildren within the last week. This figure did not include letter writing or telephoning, but other sources have reported these activities to be high as well (Reiss, 1962; Adams, 1968).

For persons who do not have children, family substitution seems to occur. Brothers, sisters, nephews and nieces often interact with older family members in the same way children would if present. Interaction with friends is also important, particularly in very old age when persons may have outlived many kin.

Neighborhood and housing environments which provide the opportunity for an "intimate confidante", a person in whom an older person can share experiences and ideas, is extremely important in the later years of a person's life.

Mutual aid

Families often share various skills and knowledge, emotional support, solidarity and love. Other mutual aid is more tangible, such as babysitting, shopping, house cleaning, transportation, or money.

Aid among family members is two-directional—from parent to child or child to parent as needs arise. Riley and Foner (1968) indicate that the proportion of older persons who help their adult children exceeds the proportion who receive help from adult children. However, the key factors in patterns of mutual aid are the financial and physical ability of older and younger persons to offer aid. The reciprocal nature of this mutual aid helps fulfill the very important need for personal relationships and may increase the motivation for a continued active life (Sussman, 1979).

Sussman reported that approximately 80 percent of adult couples indicated they would care for an older person in their home. He found that situational variables

such as physical space or the availability of outside help were important in determining a family's willingness to provide care.

The types of aid exchanged among family members differ with social class. Lower income families tend to exchange services, such as babysitting and transportation. Middle income families, who may be more widely dispersed, tend to exchange money or money equivalents, such as appliances.

Female family members generally coordinate family activities, according to Lopata (1973). If care is needed, a daughter is more likely to provide support and care, including errands and providing a place in her home. In fact, 80 percent of the home health care in this country is provided by daughters, sisters, nieces or other female kin (Uhlenberg, 1974). A son, on the other hand, . more likely to be involved in monetary activities, such as taking care of finances.

Family support also differs among racial and ethnic groups. Hays and Mindel (1973) suggest that black elderly expect help from their families, and are often suspicious of social welfare agencies. According to Rosow (1962), the black subculture easily integrates elderly family members. White elderly, on the other hand, do not expect as much help from their families, and are more likely to seek help from an agency (Schorr, 1960).

Providing family support to an older person has distinct benefits for the member. The family may be more sensitive to the older member's personal needs, and better able to provide the individual with opportunities for feed-back about himself which may be lacking in the larger community context.

This type of support generally occurs in families whose members enjoy good health. Support is provided on an "as needed" basis and is usually not 24-hour care. But, certain demographic, economic and political trends indicate that families may be required to provide more extended kinds of care in the future.

Demographic trends

The population of the United States is becoming increasingly older. Between 1900 and 1977, the percentage of the population age 65 and older more than doubled from 4.1 percent or 3.1 million people to 10.9 percent or 23.5 million people. Older persons may comprise as much as 12 percent of the total population (32 million) by the year 2000.

Perhaps the most important demographic change is occurring within the aging population as a whole. The so-called "old old" population, those over the age of 75, increased ten fold since 1900, and between 1960 and 1970 at three times the rate of those 65–74. By the year 2000, 44 percent of the older population will be over 75 years of age.

This increase in the very old population will have a dramatic effect on the health care field. Persons 75 years of age and older on the average spend 4½ times as many days in short stay hospitals as the entire population, and 70 percent more than persons aged 65–74. The longevity of this elderly population will generate a demand for more health related services than would be expected from the overall growth in the number of older persons alone.

Older women greatly outnumber older men. In 1900, there were 98 women for every 100 men, but by 1977, the ratio had become 146 women to 100 men. By the year 2000 it will probably increase to a 150–100 ratio. With increasing age, the disproportion of women to men becomes even more dramatic.

Fluctuating fertility rates and rising life expectancy have enlarged an older person's potential kin network. Many older persons are part of a four or five generation family An individual who will be 70 years old in the year 2000 is likely to have, on the average, 1.4 siblings, 3.2 children and 6.1 grandchildren. Presuming a 100% survival rate, his/her immediate blood relative kin network will include 11.68 members. If spouses are included, the network will total approximately 16 members.

The kin network will decrease by approximately one-fourth for the next generation. An individual who will be 70 years old in 2025 will have 2.2 siblings, 1.9 children and 4 grandchildren. Again, presuming a 100% survival rate, the individual will have 8.1 persons in his/her kin network. Adding spouses increases this network to approximately 12 members (U.S. Bureau of the Census, 1977).

Among older persons who stated they had someone to help them, 42 percent identified their children. Others mentioned help from a spouse (27%), a sibling (10%) and other relatives (9%). Friends and all other accounted for the remaining percentage.

Changing role of women

As stated earlier, women often coordinate family interaction and provide considerable social and emotional support to family members. Traditionally, women remained in the home during their marriage and were able to provide direct care to

dependent members. As more women join the labor force, they often become less able to fulfill this function as fully as they once did.

The proportion of all women in the labor force has increased from 38 percent in 1960 to 50 percent in 1978. By 1995, 57 percent of all women will be employed. More than half of all women over age 35 are now part of the labor force, and it is this group that is most likely to have aging parents or relatives.

Economic and political trends

Policy makers, confronted by budget restrictions, are being forced to allocate dollars to a growing number of competing groups. Family support systems are increasingly being examined as alternatives to government-funded services. However, these systems are threatened by the inflationary squeeze currently affecting American families, whose members often use discretionary money to exchange aid with one another. Inflation limits the availability of these discretionary funds, causing hardship for those members who rely on them.

Another issue facing policy makers is long term care. The growing number of "old old", and their corresponding health problems, are presenting the family support system with its most difficult challenge.

According to a U.S. General Accounting Office survey of older persons in Cleveland, Ohio, (1976), home care costs for most of the elderly are far less than institutional costs. Only those who are "extremely" impaired, bedridden, or unable to perform activities such as dressing themselves, can be cared for at less cost in institutions.

Some families currently are providing long term, constant care for dependent older members in their home. The kinds of care these families provide may serve as models for policy makers to study in the near future.

The family as caregiver

Only a few studies have examined the family as primary caregiver for a frail elderly person and the impact of providing such care on other family members. The samples of caregivers interviewed in the various studies have been small, but some findings emerge consistently.

A history of mutual aid and affection between the older person and the family caregiver is associated with lower levels of caregiver stress. Other factors that reduce strain on the caregiver include a high degree of perceived support from other family members and a gradual (rather than sudden) increase in the needs of the older person.

The problems associated with providing care to a frail elderly person also were identified consistently in these studies. Caregivers reported that a restricted social life and less time to spend with their own nuclear family were the most important problems.

Sussman (1979) recently reported that an overwhelming majority of these families would prefer some form of monthly financial assistance if an older person needed to live with them. On closer examination, Sussman found that financial assistance was primarily identified by families who had not yet provided care for a dependent member. Among those respondents who had provided such care, provision of services was the most highly identified need.

Medical and social services, such as homemaking services, shopping and transportation, were the most desired services. While family members recognized the benefits of receiving regular financial assistance, they were more concerned with the availability of service supports to make family life somewhat easier. Similar findings were reported in a study conducted by the U.S. General Accounting Office (1976).

It is important, however, to realize that a national assistance program must be based on the assessment of the services already available in a community. A national program with money set aside for a variety of services could then distribute funds based on the community assessment.

Facilitating the support system

Families traditionally have provided emotional support such as visiting, availability in an emergency and emotional bonds, to one another. This is the type of help family members expect from each other and will presumably continue to provide. However, with the increasing numbers of very old family members who may be in poor health, coupled with fewer female kin at home to provide care, society must be prepared to supplement services to dependent family members. Some of the necessary services, such as respite care, home-based services, housing, counselling, income and education/training, will be discussed in this section.

Respite care is a service which provides temporary care for dependent family members. It is usually presented as day or weekend care for families who need a break from regularly providing 24-hour care for a family member.

Respite care can include night care for families who need to be away from their home periodically during evening hours. If 24-hour care is required, (for example, when an older individual has senile dementia), night care is necessary to allow the caregiver to sleep. Caregivers in this demanding care situation have commented that a full night's sleep helps them cope with care during the day.

A variety of settings have been suggested for respite care. Unused hopital beds could be made available, but a hospital setting may upset an older person.

Respite care in the home is an alternative, and a more comfortable setting for the older person. However, skilled care might be somewhat difficult to provide in individual homes.

Home-based services should be made available to enable older dependent persons who are not ill enough to require 24-hour care to remain in their own homes. Families can and do provide services, such as shopping, home care, meals and transportation. This help should be encouraged, but families may be unable to regularly provide necessary skilled care, such as medical care, or may be unable to provide other help when it is needed. Home-based services should be available in the community at the time they are required and must be flexible enough to meet the older person's needs.

Safe housing is important. An older person's desire to remain in his/her home should be respected, if the home can be adequately rehabilitated and repaired, and appropriate services can be provided. If the individual needs a more supportive environment, alternative living arrangements which maximize lifestyles and preferences should be provided. Kinship and informal neighborhood support systems should be maintained.

Counselling is an important service which should be available to older persons, and to the families who care for them. Community mental health centers have begun to address the needs of the elderly, but more aggressive out-reach programs are needed. Families should receive counselling on methods of providing care.

Adequate income is necessary for older persons. The basic necessities of life should be affordable. He/she should have the ability to purchase services needed to remain independent.

Education is an important short and long term component in the family support system, and should be avilable to family members and the professionals with whom they interact.

Family members often are not aware of the age-related changes that older persons experience. It is important to understand and anticipate the changes, as well as to act upon them. Geriatric skills should be incorporated into the training of health and social service professionals, to provide them the same awareness. These professionals need further training in the case management approach to the provision of services and its application. This approach allows an assessment of overall need and determination of the most appropriate service.

Family members should also be trained in the proper management and provision of care. This training would offset an apparent deficit of trained, well-motivated persons willing to act as care providers and assist older persons with daily living needs.

These educational needs must be met in the near future. However, an important long term goal is the education of the general public, which should eventually lead to more appropriate care of dependent family members.

If policy makers intend to encourage greater family responsibilty for the care of dependent members, several important topics need to be explored by researchers:

Research has focused primarily on the help families provide their older members. But there is some evidence that older persons exchange aid with younger family members, and this type of aid also merits examination.

Family interrelationships, including exchange of aid, may change over the lifecycle. It is important to address these changes through longitudinal research.

As mentioned earlier, the generation of persons who will be 70 in the year 2000 will have a larger kin network. It is not yet known if this network will form the basis of a larger family support system. This expanded network will decrease for the following generation, but might, at least in the near future, provide an alternative to institutionalized care.

Researchers should examine the family as a unit rather than focusing only on the individual. In order for policy makers to view the family holistically while developing policies which utilize the family as a support system for older members, information should be gathered on the effects of support to both the family and the older member. The cultural and religious values, as well as the composition of the family

must be taken into account. It is possible that some policies may be detrimental to either the family or the older person, and by examining each one independently the effect on the other might not become apparent.

Finally, a central location for data collected on the family should be identified. Currently, fragmented data relating to families and aging is scattered throughout various government agencies.

Conclusion

Families interact with one another and act as support systems. As the very old population (75 and older) grows and more older family members develop health-related problems, the family may be required to provide more constant care and will need help from certain financial and service supports.

Some families are currently providing care to dependent members and may serve as models for the future. As policy makers look for alternatives to the high costs of long term care, they should first examine the tremendous amount of support the family is currently providing, as well as the services that can facilitate this support. The availability of services should enable more families to act as effective support systems, providing benefits to both older and younger family members and society as a whole.

POLICY RECOMMENDATIONS

Families who currently provide constant care for older dependent members have identified certain supports which could make their task more efficient. Many of these supports are already under consideration. This section will outline possible methods of achieving these supports.

I. As the elderly population continues to grow, restructuring the health services industry should be a priority both to control costs and to develop a comprehensive system which will meet the needs of older persons and their families.

A. Coordination of a continuum of services relating to long term care which may prevent inappropriate institutionalization should be encouraged, such as that currently embodied in Senator Packwood's proposal for Title XXI of the Social Security Act.

B. The Part A Medicare prior hospitalization requirement, the Part A and B 100-visit limit and the "homebound" and "skilled" requirements under Medicare home health services ought to be eliminated. Homemaker and periodic chore services should also be included in the benefits package.

C. Day and night care for adults should be developed.

D. Health care facilities should be reimbursed for utilization of empty beds for respite care, as currently embodied as the "swing bed" concept in the bills of Senator Burdick and Representative Abdnor.

E. A comprehensive national health insurance policy should be enacted into law.

II. The development of local, coordinated systems of long term care and of a community focal point for services are needed. Older persons and their families should be able to receive necessary community support.

A. The Older Americans Act should be expanded in both scope and funding to achieve the Act's objectives of community based services and support.

B. Community support groups for families who care for older members should be encouraged.

C. Programs to counsel family members on care decisions for development members should be encouraged.

D. Demonstration projects should be undertaken which encourage the participation of older family members in child care, especially day care. Child care and adult day care, for instance, can be combined in single community centers to foster intergenerational support.

III. An existing and growing need among older persons is in the area of mental health. providing access to services, particularly community based, and avoid inappropriate institutionalization are two areas in which progress must be made.

A. Medicare provider status should be extended to community mental health centers (CHMC).

B. The present $250 Part B annual ceiling on out-patient mental health services should be increased to $1,000.

C. The 190-day lifetime limit on in-patient psychiatric care under Part A should be eliminated.

D. Periodic reassessment requirements for Medicare patients and stiff utilization review requirements for CMHC providers should be established.

IV. Adequate housing at an affordable price is essential to the well-being of older adults, particularly those in low and middle income categories. An elderly housing program should be flexible in terms of the types of housing, eligibility standards and living arrangements which serve as alternatives to institutionalization.

A. The Section 202 Housing for the Elderly Program should be expanded.

B. Sufficient funds should be appropriated to carry out the objectives of the congregate housing services program under the Housing and Community Development Act.

C. Guaranteed or subsidized loans to add rooms onto the house of a family member and/or to make an older person's home barrier free should be encouraged.

V. Older persons should have a sufficient guaranteed income. The Supplemental Security Income Program (SSI), with certain changes, best fulfills this desire.

A. The federal portion of SSI payments ought to be increased to at least the defined poverty level.

B. The SSI $65/month income disregard for employment should be raised substantially and indexed. Public service job opportunities, training and referral should be created for SSI recipients.

C. SSI current assets limit should be raised, i.e., $3,500 for individuals and $5,000 for couples, and cost indexed to keep pace with inflation.

D. SSI rules should be altered to facilitate movement of older persons between institutions and their home.

E. SSI recipients currently have payments reduced by one-third upon moving to a family member's home. This rule must be altered to eliminate the reduction.

VI. Government policy ought to encourage greater labor force participation on the part of older persons. Increased employment would generate additional tax revenue for use at all levels of government, improve the economy by increased productivity levels and maintain reasonable levels of income among older persons.

A. The Social Security earnings test should be eliminated.

B. Statutory exclusion of persons over 70 from the Age Discrimination in Employment Act should be repealed.

C. Employers should be given incentives to employ older workers, such as reducing the employer portion of the social security payroll tax or tax credits for a certain portion of an older worker's income.

D. Tax laws should be changed to encourage employers to introduce job training, retraining and alternative work schedules for older workers.

VII. Families who care for older members should be helped financially. Older persons should be able to select their family as care providers where appropriate and these members should be compensated financially.

A. A tax program which would facilitate care of an older person in a family setting, including specific tax write-offs for expenses and income tax relief, should be adopted.

B. Demonstration projects, perhaps modeled on the foster parent program, which provide direct monthly assistance to families taking care of older members, should be encouraged.

VIII. Education is important to both the family's and the older person's quality of life and mental and physical well-being. The opportunity to acquire new skills is essential to the ability to cope with societal and technological change and to remain active and productive. Continuing education is also important for professionals and para-professionals who serve families.

A. Because of its focus on the educational needs of older adults, Title I of the Higher Education Act, as embodies in H.R. 5192 and corresponding section in S. 1939, should be supported and funded at an appropriate level.

B. Families should be educated to life cycle changes and abilities of family members.

C. Families should be educated in methods of caring for dependent members, perhaps through Title XX funds.

D. Geriatrics skills should be incorporated into state licensing of medical and social service personnel, and this practice should be endorsed by the federal government.

E. Manpower appropriations legislation should make grants available for the establishment and operation of educational programs in geriatrics at schools of medicine.

F. Demonstration projects such as those supported by the National Endowment for the Humanities and the National Endowment for the Arts which utilize older persons in the transmission of cultural heritage and values should be encouraged.

IX. Recent changes in family structure have affected family life in a variety of ways which society is only beginning to identify. These changes must be addressed.

A. Visitation rights for grandparents of children in divorced families should be established and enforced.

B. A national study on the incidence of abuse of older persons should be conducted.

C. Model adult protective laws should be available for adoption in those states which presently have not adopted such laws.

X. From our literature review and interviews with policy makers in the public and private sectors, the following needs for research and demonstration projects have been identified. These are based on a current lack of knowledge and data in which policy decisions need to be made.

A. Research in the past has focused heavily on care provided to older members by their families. Research needs to be conducted on reciprocal help—what services and/or aid older family members can or do provide to younger family members. Appropriate government agencies should include this as an explicit priority in all of their relevant research agendas.

B. The family should be examined as the unit of analysis in research on the aging.

C. Size and composition of the family, outside of the household, should be examined.

D. The quality of care provided by family members and its cost should be examined.

E. Research should be conducted which focuses on the management/maintenance of older persons who have some disease/disability which cannot be cured.

F. The effect of changing family structure on care of dependent members should be examined.

G. Longitudinal research should be conducted specifically to address age-related changes in family interrelationships.

XI. In order to deal more effectively with issues and programs of older Americans in a family context, researchers and policy makers need to have access to comprehensive, compatible data on various aspects of families. Currently, fragmented data related to families and aging is scattered among dozens of different agencies, including the Census Bureau, the National Center for Health Statistics, the Bureau of Labor Statistics, the National Clearinghouse on Aging, and the Social Security Administration.

A. There should be a central point, for example the Office for Families in the Department of Health and Human Services, where scholars, policy makers, journalists, etc. can get help in locating statistics and data on the family and where they would be provided with a frequently updated, comprehensive directory of sources of federal and other family-related data.

B. In the longer run, the Office for Families should investigate the feasibility of commissioning the Census Bureau or other agency to consolidate, synthesize and analyze data from various sources into a series of Family/Public Policy Fact Booklets for policy makers.

C. The Office for Families should establish an advisory board on family data and statistics with representation of all the major federal agencies providing family-related data. The board should address such issues as: (a) identifying sources of data and statistics relating to families; (b) more effective ways of disseminating current information; and (c) how gaps in current statistics might be filled.

REFERENCES

Adams, B.N. *Kinship in an Urban Setting.* Chicago: Markham, 1968.

Clark, M., and Anderson, B. *Culture and Aging.* Springfield, IL: Charles C. Thomas, 1967.

Harris, L. and Associates. *The Myth and Reality of Aging in America.* Washington, DC: National Council on the Aging, 1975.

Hays, W.C. and Mindel, C.H. "Extended Kinship Relations in Black and White Families." *Journal of Marriage and the Family,* 35:51-57, 1973.

Lopata, H. *Widowhood in an American City.* Cambridge, MA: Schenkman Publishing Company, 1973.

Reiss, P.J. "The Extended Kinship System: Correlates of and Attitudes on Frequency of Interaction." *Marriage and Family Living,* 24:333-339, 1962.

Riley, M.W. and Foner, A. *Aging and Society. Vol. 1. An Inventory of Research Findings.* New York: Russell Sage Foundation, 1968.

Rosow, I. "Old Age: One Moral Dilemma of an Affluent Society." *Gerontologist,* 2:182-191, 1962.

Schorr, A.L. *Filial Responsibility in the Modern American Family.* Social Security Administration. Washington, DC: U.S. Government Printing Office, 1960.

Sussman, M.B. "Social and Economic Supports and Family Environments for the Elderly." Final Report to the Administration on Aging, Grant 90-A-316, January, 1979.

Uhlenberg, P. "Cohort Variations in Family Life Cycle Experiences of U.S. Females." *Journal of Marriage and the Family,* 36:284-292, 1974.

United States Bureau of the Census. "Projections of the Population of the United States: 1977-2050." *Current Population Reports*, Series P-25, #704. Washington, DC: U.S. Government Printing Office, 1977.
United States General Accounting Office. "The Well-Being of Older People in Cleveland, Ohio." HRD-77-70, Washington, DC: U.S. Government Printing Office, 1977

WRITTEN TESTIMONY OF NATIONAL SENIOR CITIZENS LAW CENTER

The National Senior Citizens Law Center wishes to thank Congressman Claude Pepper for his invitation to address the House Select Committee on Aging on this issue of critical importance to the elderly and their families. As requested, our testimony focuses specifically on changes which can be made in existing laws so that incentives will be provided to families to care for their elderly family members or, at the very least, disincentives creating barriers to such family assistance will be eliminated.

The National Senior Citizens Law Center is a national support center, with offices in Los Angeles and Washington, D.C., specializing in the legal problems of elderly poor people. We are funded by the Legal Services Corporation and the Administration on Aging. Under both of these funding sources, NSCLC staff regularly respond to requests for assistance in areas of the law which substantially affect elderly people.

The suggestions made here are by no means exhaustive of the changes which can be made to improve the ability of families to assist their elderly members, but do highlight many areas which we believe to be significant and which are regularly brought to our attention by advocates representing elderly individuals. As will become apparent, even some of most seemingly minor changes in current law will result in substantial improvement in the living conditions and options available to the elderly and their families.

Perhaps the major legal obstacle to older persons being able to continue to be a viable part of their family are the various federal programs that are structured to encourage institutionalization. These programs, such as Medicare and Medicaid, are designed to make it easier for persons to get assistance if they choose (or are forced) to be institutionalized. Given this bias, for most people there is no choice of whether to remain with their family or go to a nursing home—the federal system makes the choice of institutionalization for the family.

Similarly, the lack of a clear unambiguous statement in the various federal social services programs requiring that persons who receive care and services do so in the setting which is the least restrictive of their civil rights and liberties results in institutionalization rather than deinstitutionalization. In fact, we believe that there is a constitutional right of citizens to not be forced out of their homes in order to obtain needed care and treatment. However, even with the existence of this right, persons are largely unable to enforce it without strong congressional mandate requiring states and local agencies to follow the least restrictive alternative principle and providing older persons with the authority to enforce those rights.

The following is a discussion of specific problems we believe can and should be addressed by Congress in order to assure the protection of the civil rights of elderly persons and that all of their options, including the ability to reside with their families, be preserved.

Medicaid

Although both Congress and HEW have made efforts intended to provide needed and special benefits to those individuals requiring nursing home care, the effect has often been to encourage their early and unnecessary institutionalization. This happens in Medicaid because the rules and statutes drafted to provide more liberal requirements for individuals in nursing homes prevent identically situated persons, who live outside the nursing homes, from obtaining Medicaid eligibility. As a consequence, there is a definite incentive, in some instances a necessity, for sick individuals to enter institutions.

Two examples of how these forces operate should illustrate the problem.

1. First, Congress passed a provision in 1973 which provides for a higher financial eligibility level for institutionalized people. Specifically, the statute permits a state to set the eligibility level for institutionalized people at up to 300 percent of the SSI level. 42 U.S.C. § 1396b(f)(4)(C). The heavy lobbying for this provision was carried out by the American nursing home industry, which had its own self-interest in increasing the number of individuals eligible for nursing home care. Still, it has undoubtedly been of great benefit to many people who would otherwise not be eligible for Medicaid coverage, but who had insufficient income to pay for the cost of nursing home care. On the other hand, though, there are many individuals literally forced

to take advantage of this provision. They probably could still live at home with their families, but because the eligibility levels for Medicaid are so low, and because they do need some care and some prescription drugs, they must enter an institution in order to obtain medicaid coverage.

A resolution of this problem is already available to the estates as an option, but it should be made a requirement. That resolution is a required "spenddown", a mechanism which allows individuals to have some of their costs of necessary medical care paid for under the Medicaid program and which, most importantly, provides flexibility, allowing individuals to live either at home or in institutions. Unfortunately, many states lack that flexibility, with the result that individuals are forced into nursing homes in order to obtain Medicaid coverage.

2. Even in those states which have spenddowns, HEW has interpreted the Medicaid statute in such a way that an incentive still exists to enter a nursing home. The interpretation concerns the issue of what medical expenses should be counted toward the spenddown. In computing eligibility in a spendown methodology, states are permitted to look from one to six months into the future to evaluate an individual's prospective income. Most select at least a three-month spenddown period, and many use a six-month period. Consequently, the spenddown amount which an individual must incur in order to be eligible for Medicaid coverage is based on a multi-month computation of prospective income.

On the other hand, though, for individuals living outside of nursing homes, HEW does not permit states to similarly compute anticipated expenses. The result is that it becomes virtually impossible for many people to meet the spenddown.

An example might illustrate this seemingly complex problem. Assume a state where the Medicaid eligibility level is $180 per month. Assume an individual with $220 a month income. If the state uses a six-month spenddown period, then that individual must incur medical expenses of $240 [6 x $40 ($220 minus $180)] before he or she will have other expenses taken care of by Medicaid. Unless that person can get credit, it is unlikely that they will be able to incur that relatively large amount because of other necessary expenses. The result is that although the person is hypothetically eligible for Medicaid, in practice he or she will never be able to met the spenddown.

HEW does permit states, however, to allow for the anticipated expenses of an individual in a nursing home. Consequently, individuals living outside of the nursing home who are not able to meet the spenddown are given an incentive to enter the nursing home. Although their future expenses while living outside of the nursing home cannot be taken into consideration in computing Medicaid eligibility, the same future expenses to be incurred inside the nursing home are considered. For many people, therefore, there is a strong and obvious incentive to enter a nursing home.

This apparent inequity has been considered by one court, with HEW's position upheld, *Williams* v. *St. Clair*, 610 F. 2d 1244 (5th Cir. 1980), and has recently been presented to another district court. *Hogan* v. *Califano*, (D. Mass.). The plaintiffs are seeking a hearing before the Supreme Court in *Williams*, but there is hardly any guarantee that the Court will hear the case. This situation provides an obvious opportunity for legislative resolution of an apparent inequity and of a problem which is only encouraging entry into nursing homes.

One example of how the federal laws can be changed so as to reverse that institutional bias is the proposed Medicaid Community Care Act of 1980 (H.R. 61294). While this act does not provide all of the answers, it is a significant break with past congressional acts as it broadens Medicaid eligibility for community-based non-institutional services, and encourages the use of those services as opposed to nursing homes. If such a community care system were in place, many more older persons would have an opportunity to carry out what is likely to be their wish, i.e., to remain in the community as long as feasible.

Medicare

The Medicare statute specifically prohibits payment for services otherwise covered if they were rendered by family or household members:

"Section 1862.(a) Notwithstanding any other provision of this title, no payment may be made under Part A or Part B for any expenses occurred for items or services—"(11) where such expenses constitute charges imposed by immediate relatives of such individual or members of his household; * * *"

The Health Care Financing Administration (HCFA) has amplified this prohibition on payment in regulations pertaining to Part B, as follows:

"Regulation Sec. 405.315. Nonreimbursable expenses; charges imposed by immediate relatives or members of beneficiaries' household.—Payment on a reasonable charge basis may not be made under Part B of title XVII of the Act (see Subpart B of this part) for expenses incurred by an individual, if such expenses constitute

charges (including the professional component of services of hospital-based physicians—see § 405.480 et seq.) imposed by physicians or other persons who are immediate relatives of such individual or member of his household, to the extent that such charges exceed the actual costs incurred by such physicians or other persons in procuring items furnished such individual.

"(a) Any person who has any of the following degrees of relationship to any other person is an 'immediate relative': (1) Husband and wife; (2) natural parent, child, and sibling; (3) adopted child and adoptive parent; (4) stepparent, stepchild, stepbrother, and stepsister; (5) father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, and sister-in-law; (6) grandparent and grandchild.

"(b) The term 'members of this household' means those persons sharing a common abode as part of a single family unit, including those related by blood, marriage, or adoption as well as domestic employees and others who live together as part of this family unit, but not including a mere roomer or boarder.

"(c) The exclusion refers to the person imposing the charges, who might not be the person rendering the services. For example, where the charges are imposed by a:

"(1) Physician or other practictioner, the exclusion would apply to charges imposed for personal services, if the physician or other practitioner has the excluded relationship to the beneficiary.

"(2) Partnership, the exclusion would apply only if all of the partners have the excluded relationship to the beneficiary.

"(3) Corporation, the exclusion would not apply, regardless of the beneficiary's relationship to the directors, officers, stockholders of the corporation or person rendering the services.

"(4) Individuals proprietorship, the exclusion applies if the individual who owns and operates the business has the excluded relationship to the beneficiary."

Payment to relatives and household members for services under Part A is similarly prohibited in the various intermediary policy manuals created by HCFA. Home Health Agency Manual, Section 232.12; Hospital Manual, Section 260.12; Skilled Nursing Facility Manual, Section 240.12; and Medicare Intermediary Manual Section 3161.

This policy that pervades the Medicare program of refusing to pay relatives or household members for services provided to recipients is extremely unfortunate, particularly with respect to home health services. Increasingly we are recognizing the need to establish systems for providing care to the elderly in their own homes, as an alternative to costly and perhaps inhumane institutionalization. Professional agencies have not developed the capacity to provide home health services for more than a fraction of the population. To meet this need, families should be encouraged to care for their aged parents in multi-generational households. Where relatives are not available, communal living arrangements, perhaps combining the elderly with younger living companions, have been suggested. However, the modern economic situation makes such households unlikely. Most wives, who might have cared for a frail grandparent 40 years ago, are now in the job market helping to support their young families. Similarly, in the communal household of non-relatives, working age members will not normally be free to care for older members. If public programs like Medicare were changed to permit payment to family members for providing services equivalent to those that are currently paid for only when provided by non-relatives,[1] the family's ability to care for its elderly members would be strengthened.

The assumption that presumably underlies the Medicare statute's exclusion of payment to family and household members is that these services will be provided *gratis* in any event.

This assumption has proven incorrect, at least with respect to long-term home health services, and for economic reasons that are easy to understand. The Medicare statutes should be changed to encourage the provision of health services by family members by paying for them the same as it pays for equivalent services from strangers.

Supplemental Security Income

While the Supplemental Security Income (SSI) program does provide financial assistance to indigent aged, blind and disabled persons, many of the requirements of the program force elderly individuals out of family settings in order to derive the full, albeit limited, economic benefit of the SSI program. Still other provisions bar

[1] The Medicare program also requires that home health services be provided by an "agency" that satisfies a number of criteria for participation in the Medicare program. 42 U.S.C. § 1395(x)(m) and (o). This requirement should be modified as needed to accommodate the provision of covered services by family members.

compensation to individuals who subsidized the elderly person before benefits were received, or discourage elderly individuals, without biological families to turn to, from developing living arrangements suitable to their needs.

1. Where an SSI recipient is "living in another person's household", an evaluation is done to determine whether the recipient is "paying at least a pro rata share of the average monthly total household operating expenses." If he/she is not, regardless of the percentage of the SSI check used for this purpose, the SSI benefit will be reduced by one-third. 20 C.F.R. § 416.1125(b)(1) and (3)(iv). As the "average monthly, total household operating expenses" include items such as mortgage, insurance, utilities, etc., unless the SSI recipient's relatives are as impoverished as he/she is, it is likely that there will be a finding that the SSI benefit does not cover the invididual's pro rata share and SSA will reduce the benefit by one-third. This results in greater financial dependency for the SSI recipient upon the family unit, increased financial hardship for the unit, and, potentially, resentment toward the SSI recipient. In some cases, the elderly person will move out, often to an institution. While it is not the intention of the SSI program to provide benefits to individuals who have other means of support, it must be recognized that very few American families retain the capability today to feed, clothe, and shelter additional people. This problem could easily be alleviated if Congress amended the test to require that the Social Security Administration establish whether the SSI recipient, given the level of his/her benefits, is making an adequate financial contribution to the household.

2. Frequently, after a person applies for SSI benefits, there is a substantial period of time (months; in some cases, years) before SSI payments are actually made. In the interim, the prospective beneficiary often relies upon the generosity of family members for support, usually with the understanding that the funds will be repaid when the SSI back-award check arrives. Due to delays in issuing these checks, it is not uncommon for the recipient to die before the payment is received. Currently, under 42 U.S.C. § 1383(a)(2) and (b), the only person entitled to receipt of that check is an "eligible spouse," a spouse who is also receiving SSI. This results in family members and friends being unable to obtain compensation for their kindness, often accumulating to thousands of dollars, funds which they cannot afford to permanently lose.

As this provision becomes better known, it is possible that SSI applicants will not be able to rely upon the generosity of family and friends, often economically not much better off than themselves, to tide them over. The risk of failure to repay will loom too large. We recommend that this provision be amended to require payment of the back-award to the deceased recipient's estate, for the sole purpose of repaying individuals who provided support, food, shelter, and/or clothing to the deceased. An alternative would be to permit such individuals to file claims for payment with SSA.

3. 42 U.S.C. § 1382c(d)(2) penalizes two unmarried elderly people of opposite sex who decide to share a household together. While two elderly women or two elderly men can reside together without penalty, the Act provides that an elderly man and woman residing together, who were neither ceremonially married nor considered to be "common-law" married under state law, will be treated as married if they "are found to be holding themselves out to the community" as husband and wife. The Social Security Administration applies this federally-created common law "marriage" with a heavy hand, placing the impossible burden upon the recipients to prove they are not "holding themselves out." 20 C.F.R. 416.1007, 416.1035. Treatment as a married couple results in a substantial reduction in their monthly benefits. Further, if these two legally unattached individuals determine not to share a household any longer, SSA continues to penalize them, requiring that they share the reduced benefit for six months after separation. 20 C.F.R. § 416.1040(c)(1). This problem could be easily eradicated by elimination of the "holding out" provision in 42 U.S.C. § 1382c(d)(2).

4. The last point raises an even more basic consideration: indigent elderly married couples are penalized both for living together and being married under the current provisions of the SSI program. They receive a reduced benefit, one which is substantially less than the SSI benefit paid two individuals. (Compare $357 with 2 x $238 or $476, a difference of $121.) The result is to increase the financial hardship upon elderly married couples and to make it increasingly difficult for them to maintain their nuclear family. This is particularly true where one or both incur health costs not covered by the Medicaid program.

5. Under the SSI program, a person is required to apply for and obtain all financial benefits under other programs to which he or she may be entitled. While this is an apparently logical way of assuring that SSI benefits are not paid unnecessarily, this requirement has many illogical and inequitable consequences, often creating serious problems for sick elderly persons and their families. While there

are numerous examples of this problem, one example should suffice here: "Mrs. A is disabled, a widow, and 62 years old. She has been disabled for six years, was found not entitled to widow's disability benefits on her deceased husband's account but was found to be entitled to SSI disability benefits in 1974. Because she received SSI, the state in which she resides also found her to be eligible to receive Medicaid benefits, which she needs to meet her substantial medical costs. When she became age 62, the Social Security Administration informed her that she must apply for aged widow's benefits on her husband's account. The effect of applying at age 62 rather than waiting until she is 65 is that Mrs. A will receive a reduced OASDI payment for the rest of her life. In effect, she is being required to forfeit her right to a better standard of living after age 65. But, that is not the end of her problems. Because the OASDI payment exceeds the amount of her SSI benefit by a few dollars, she is not longer eligible for SSI and her state, not having a "medically needy" Medicaid program, will terminate her Medicaid because she does not receive SSI. Further, because she is only 62, not 65, she is not eligible to participate in the Medicare program for three years She thus forfeits not only the higher OASDI payment at age 65 but also all access to medical care for three years, despite the continuation of her disabling condition."

Mrs. A's case in just one example of the variety of inequitable situations created by this SSI provision. The financial burdens and emotional strain created for the recipient and members of his/her family are enormous. This is an area ripe for legislative action, one in which hearings on the specific issue would be helpful in illustrating and identifying other such seemingly unintentional gaps and inequities in coverage.

Old Age, Survivors, and Disability Insurance (OASDI)

Just as in the SSI program, many individuals who would be eligible for OASDI except for certain statutory restrictions find themselves without the resources to adequately and proudly contribute their share to the family home. We believe that there are a few changes, short of major structural revisions which we are not addressing here, which could alleviate some of these problems.

1. Currently, women who seek disability benefits, based upon the earnings records of their deceased wage earner husbands, must meet a much tougher standard for disability than wage earners are required to meet. Compare 42 U.S.C. § 423(d)(1)(A) with § 423(d)(2)(B). We recommend that this more difficult standard, application of which results in denial of benefits to many severely disabled individuals, be eliminated.

2. The minimum age requirements for entitlement to survivors' benefits as a widow, widower, or divorced wife, if not disabled (age 60), and for retirement benefits as a spouse or divorced spouse (age 62) create serious problems for many individuals, particularly those who suffer health problems or lack vocational skills which prevent them from obtaining employment. Further, even for those entitled to receive benefits at age 60 or 62, Medicare benefits are not available until age 65. This often results in huge, unpaid medical bills with which other family members attempt to assist, often to the detriment of the financial needs of younger family members.

Employee Income Retirement Security Act (ERISA)

Spouses should be better protected under the private pension systems as well. While ERISA requires all private pension plans to offer normal retirement benefits in the form of a joint survivor annuity and presumes that the offer will be accepted by a worker who begins to receive retirement benefits unless it is explicitly rejected, its protections are inadequate. First, when a working spouse retires and begins to collect his or her pension, the worker can disavow the joint and survivor annuity and take a pension in a higher amount for himself only. This is all accomplished without the spouse's consent. This provision (29 U.S.C. § 1055) should be amended to require the written consent of the non-working spouse to any decision to reject a joint pension.

Second, ERISA provides no protection whatever to spouses of workers who die (even if fully vested in the pension rights they earn) before reaching retirement age; ERISA does not require that a plan provide a widow's or widower's pension. Therefore, for example, if a worker has completed 25 years of service, which generates the right to a pension commencing at the age of 60, but the worker dies at the age of 50, his pension plan can refuse to pay any benefits whatever to his surviving spouse. This gap can be remedied by amending ERISA either to require that all plans offer a surviving spouse's benefit to the widow(ers) of workers who die fully vested before reaching retirement age, or by eliminating death as a permitted condition of forfeitability of otherwise non-forfeitable benefits. 29 U.S.C. § 1053.

Age discrimination

Ageism and age discrimination are clearly most prevalent, and probably most destructive, in industrialized, urbanized societies, such as the one in which we live. Forces within this society exclude aged members from continued participation and contribution and create increasingly subtle barriers to the acquisition of resources and services required by the elderly.

Discrimination against persons because they have attained a certain age has a permanent impact upon these individuals, precluding them from ever again engaging in the activity, or from participating in the particular benefit, available to persons below the enumerated age. Moreover, laws based solely on age inevitably operate against some people who are physically and mentally capable of performing the activity forbidden to them. Age discrimination in employment often results in involuntary unemployment. This in turn results in a loss of self-esteem, peer respect, familial respect, and in the older person, creates an adverse psychological impact which can lead to increasing dependence on other family members for emotional and financial support. Another adverse effect of age discrimination in employment is the dependence it creates on social welfare resources, such as Social Security, Supplemental Security Income, Title XX programs, and other governmental resources. These programs are never sufficient to replace the lost employment income and the family of the older worker is then forced to somehow make a fixed low income keep pace with inflation, an obvious impossibility. The social service programs are likewise incapable of effectively combatting the psychological damage that is caused when through involuntary unemployment, an older person is told he or she is no longer useful to society.

Many states have laws which ostensibly protect against age discrimination in employment. However, the laws fail to provide effective enforcement mechanisms such as the power to levy fines, force conciliation, or apply to the court for enforcement of an administrative order.

Another area where the law needs to be tightened is the Age Discrimination Act of 1975 which prohibits age discrimination in programs receiving federal financial assistance. That law exempts age discrimination from coverage under the Act if established "under authority of any laws." This has been defined by HEW as discrimination authorized by local ordinances, and state and federal statutes. For example, a state Medicaid law which prohibits pre-death property liens as a condition of eligibility for persons under age 65 but permits them for persons over age 65 is not a violation of the Act.

Finally, private and public employment training programs which have failed to effectively involve the older worker, should be mandated by law to do so in meaningful numbers so that older workers will be competitive for new job opportunities as technology changes. Employers in both the public and private sectors should be encouraged to implement varied work options such as more part-time and/or flextime shifts and continuation of employee benefits for persons who work past the traditional retirement age. By doing so, employers would benefit by keeping a more experienced workforce and employees would benefit by remaining as productive, independent members of society.